

Alaska State Plan for Senior Services 2020-2023 Appendices

For the public review draft, the body of the State Plan is shared in a separate document.

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Appendix A. Needs Assessment Activities and Findings

Executive Summary

The needs assessment appendix includes findings from three efforts: the Elder-Senior Listening Sessions, the 2018 Survey of Alaska Seniors, and the 2018 Senior-Provider Survey. In addition to these targeted needs assessment efforts, the ACoA as an organization is constantly refining its own understanding of the issues affecting older Alaskans. As an advocate for seniors to policymakers, the Commission is aware of the most critical areas of need among Alaskan seniors. The ACoA itself meets four times a year, with three of those meetings held by teleconference/videoconference, including an “rural outreach visit” to a remote area typically held every other year. Commission members are in agreement that the rural outreach visits provide an invaluable glimpse into rural lifestyles and needs. The Commission coordinates all of its efforts with those of other senior-focused agencies both within and outside of state government. Many of these agencies were represented on the inter-agency state plan advisory committee, which developed the main planning document. See Appendix H for the list of advisory committee participants.

Needs Assessment Timeline

The following graphic is a timeline of the needs assessment activities that serve as background and supporting information to the Alaska State Plan for Senior Services FY2020-2023.



Needs Assessment (Feb 2018 – December 2018)

7 (152 participants) Elder-Senior Listening Sessions; 3,130 responses to senior survey; 126 responses to provider survey



Data Collection + Analysis (April 2019)

Demographic and health data, program utilization, past plan performance



Plan Development (April – May 2019)

Review prior year planning, Advisory Council Meetings + Input, Draft + Revise Plan

Elder-Senior Listening Sessions

The Alaska Commission on Aging (ACoA) held seven elder-senior listening sessions between February and November 2018, with sessions taking place in Wrangell, the Matanuska-Susitna Borough, Anchorage, the Fairbanks North Star Borough, Nome, Shishmaref, and a targeted session for people aging with intellectual and developmental disabilities. The purpose of these listening sessions was to gather first-hand public input on elder-senior issues and to identify “what is working” and “what is not

working” in Alaska’s communities. The listening sessions ranged in attendance from 6 to 34 seniors, resulting in a total of 152 participants. The listening sessions were formatted as facilitated discussions around a set of targeted questions.

Key Finding – Elders across Alaska are concerned about access to healthcare, housing and assisted living/coordinated care, however they have a strong desire to stay in their community’s and more broadly Alaska.

2018 Survey of Alaska Seniors

The ACoA’s survey of Alaskans age 55 years and older received 3,130 responses, providing insight on topics ranging from health care to housing, from finances to senior services. Many responders also included open-ended comments on issues of concern to them, sharing their insights and ideas for solutions.

Key Finding – Access to healthcare and affordable housing are the greatest concerns for respondents of the 2018 Senior Survey.

2018 Provider Survey

The ACoA also surveyed service providers about their perceptions of senior needs now and within the next five years, hearing from 126 providers in Alaska.

Key Finding – Senior service providers are more concerned about ensuring access to assisted living and long-term care facilities than respondents of the Senior Survey and identified transportation and dementia care services are broader concerns facing Alaska’s senior population.

Highlights

This needs assessment process produced a substantial amount of useful qualitative and quantitative data. In January 2019, this information was compiled and analyzed, with findings presented to the Alaska State Plan for Senior Services Advisory Committee during the kick-off meeting in April 2019. This document provides a detailed report of results and findings of the needs assessment process. In summary, the elder-senior listening sessions, the senior survey and the provider survey highlight the following issues inform the six goals that frame the Alaska State Plan for Senior Services FY2020-2023.

Health Care

Seniors in Alaska are concerned about access to health care in their communities. This concern was heard in many of the listening sessions, and was ranked as the most important concern of seniors in the senior survey. Providers cited access to healthcare services (primary, dementia care and behavioral health as important barriers that need to be addressed as the number of seniors who need care continues to grow.

Financial Concerns

Throughout the needs assessment process, a number of concerns about financial security were raised. Elder-listening session participants discussed everything from value of living a subsistence lifestyle to worries about the cost of living. The senior survey showed financial security as the second most important concern of seniors in Alaska. The provider survey identified financial need (not enough food, money to cover energy costs, etc.) as the most important issue facing older adults today.

Elder Justice

The issue of elder abuse and neglect is an important priority for Alaska. Twenty percent of respondents to the senior survey indicated they knew someone or have personally experienced some form of elder abuse or exploitation, but 60 percent of these respondents indicated that they did not report the abuse. Elder abuse and exploitation can occur in many ways, with the most common instances being financial exploitation, emotional abuse, and neglect (according to the Senior Survey). The elder-senior listening session targeted to persons with intellectual/developmental disabilities highlighted that senior/elder abuse was more common for individuals with intellectual or developmental disabilities. Providers indicated that protecting vulnerable seniors from abuse was the goal area from the past plan that they were least likely to change, indicating a broad support for initiatives and supports to elders experiencing or are likely to experience abuse in any form.

Senior Housing

During the elder-senior listening sessions, nearly all communities listed availability of affordable senior housing as an issue in need of improvement. The provider survey ranked independent senior housing as the second most important service area that is insufficient throughout Alaska. The provider survey also identified assisted living for mentally ill seniors that can be compounded by dementia and independent living senior housing as the second and fourth most important issues facing seniors and their families today.

Sense of Community

During the elder-senior listening sessions, the importance of a strong sense of community was raised in several sessions. Senior Centers are utilized significantly, with 42 percent of the senior survey responses stating they visited their centers at least once a month. Senior Centers are also used as a source of information about programs and services and serve as hubs for social engagement and 50 percent of senior survey respondents indicated that senior center programs and activities were very important to seniors in their community.

Home and Community Based Long Term Support Services

“Services for seniors that promote aging in place” was a recurring theme heard through the elder-senior listening sessions. According to the senior survey, the top five agency supportive services used by respondents included senior meals served at a senior center, senior exercise, senior center recreation activities, transportation and homemaker/chore services. These services all help individuals age in place for longer. The top three concerns for senior survey respondents who wish to age in place were declining health, access to healthy foods and limited income to afford necessities.

Elder-Senior Listening Sessions

Elder-Senior Listening Sessions

The ACoA held seven elder-senior listening sessions statewide, with meetings in Wrangell (February 2018), Anchorage (April 2018), the Matanuska-Susitna Borough (May 2018), the Fairbanks North Star Borough (June 2018), Nome (September 2018), Shishmaref (September 2018), and a Statewide session for people aging with intellectual and developmental disabilities (November 2018, held in Anchorage). One hundred and fifty-two seniors were able to provide their input across the seven listening sessions. The listening sessions focused on aging in place and covered such topics as access to health care, community-based long-term support services, safety and protection, housing, financial security, and

healthy aging. The information gathered from the listening sessions is qualitative and complements the quantitative data collected from the senior and provider surveys.

The meeting agendas included questions regarding demographics, an array of services provided for seniors, housing, elder safety, and health background information followed by facilitated discussions on local priorities and challenges. During all listening sessions, participants were led through a prioritization process to identify what is working well and what needs improvement.

Recurring Themes: What's Working Well

There were several reoccurring themes across all listening sessions. Seniors value community and recreation activities, which appear to be occurring across the state. Senior centers are named in most communities as working well. Certain senior services such as community-based services and others along the continuum were mentioned in most sessions. Transportation services in several communities appear to be working well, and in several places access to health care services are working well. See the ACoA FY2018 Report for additional detail on the results of the Senior-Elder Listening Sessions by community.

Recurring Themes: What Needs Improvement?

Participants in each of the elder-listening sessions were asked to share what areas of improvement existed in their communities. Seniors in the listening sessions identified the following items as core areas for improvement; Limited and accessible medical care/mental health care, affordable and accessible housing/opportunities, transportation services including para-transit, assisted living and opportunities to age-in-place, and in a few communities addressing isolation and a lack of age-appropriate activities. See the ACoA FY2018 Report for additional detail on the results of the Senior-Elder Listening Sessions by community.

Summary

In summary, the elder-senior listening sessions provide both insight on local issues while validating themes that are important to seniors statewide. Through these facilitated discussions the values held by Alaska's seniors are represented by common threads. Access to health care is important. Alaska's seniors value a strong sense of community, and senior centers provide a community focal point that promotes comradery. Senior centers connect older adults with services that help them stay healthy and independent. Seniors are concerned about financial matters, availability of housing and the continuum of services available in their communities. These topics represent the overall importance of a continuum of senior services in Alaska.

Senior Survey

The Alaska Commission on Aging (ACoA) administered the 2018 Senior Survey as part of an effort to gather information on senior needs and update the Alaska State Plan for Senior Services FY2020-2023.

Methods

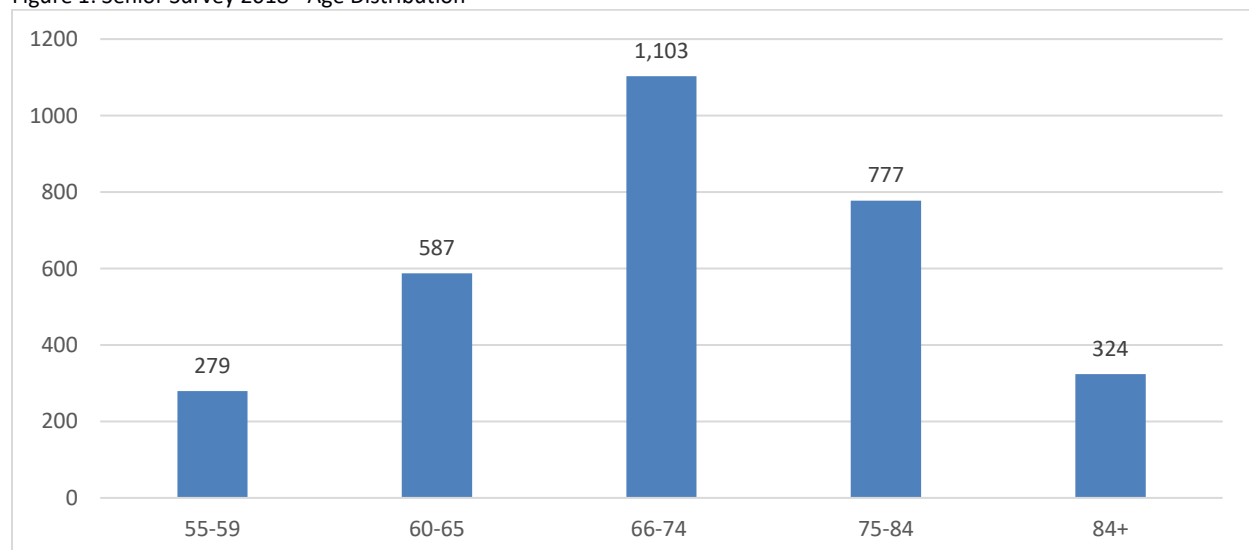
The 52-question senior survey was conducted from May 1 through July 13, 2018 by paper and on-line formats. The paper survey was distributed through the Senior Voice, a statewide monthly newsletter, as well as through bulk mailings sent to senior provider organizations, tribal providers, and the Pioneer Homes for distribution to seniors. Self-addressed stamped envelopes were included to increase response rates. The online survey was posted on the ACoA's website. In total, there were 3,130 responses from Alaskans age 55 and older from almost all areas of the state. Half (1,533) were taken online via Survey Monkey, and 1,597 were completed via paper copies, which were later scanned and recorded via the Remark survey scan tool. Survey respondents provided information about their demographic/socio-economic status, access to primary health care, financial security, housing, use of and satisfaction with local community-based services, family caregiving, and other data. Some of the questions are ranked based on their rating average. Rating scale questions calculate a weighted average based on the weight assigned to each answer choice, so the most preferred overall answers can be determined. The answer choice with the smallest rating average is the most preferred choice.

This was a voluntary survey and responders were not randomly chosen, therefore their response percentages cannot be said to reflect the situations of all Alaska seniors as precisely as a random sample would. However, the large volume of responses lends credibility to the survey's portrait of Alaska seniors. Additionally, distributing the survey via providers, the Senior Voice and the internet probably allowed for a more comprehensive picture of Alaska's seniors than would otherwise be collected by a simple randomized telephone survey.

Respondents Demographics

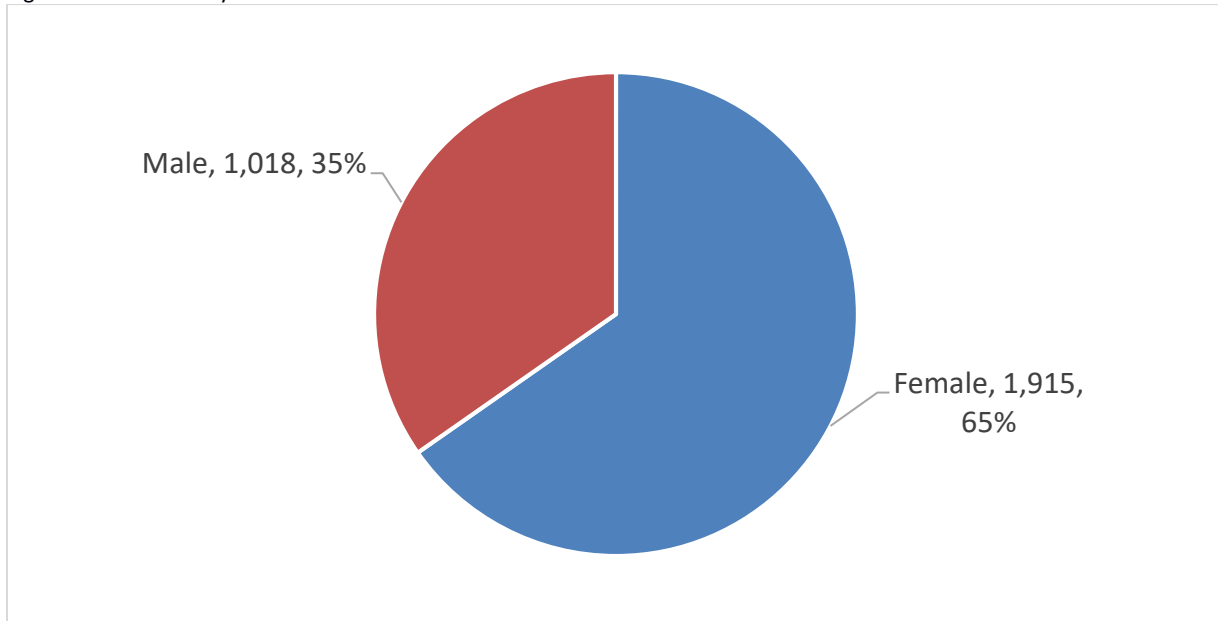
Of the 3,130 survey respondents, there was a relatively equal distribution of age. Close to one-fifth of the respondents fell into each of the following age ranges: 55-59 (9.1 percent), 60-65, (19.1 percent) 66-74 (35.4 percent), 75-84 (25.3 percent), and over 85 (10.6 percent)

Figure 1: Senior Survey 2018 - Age Distribution



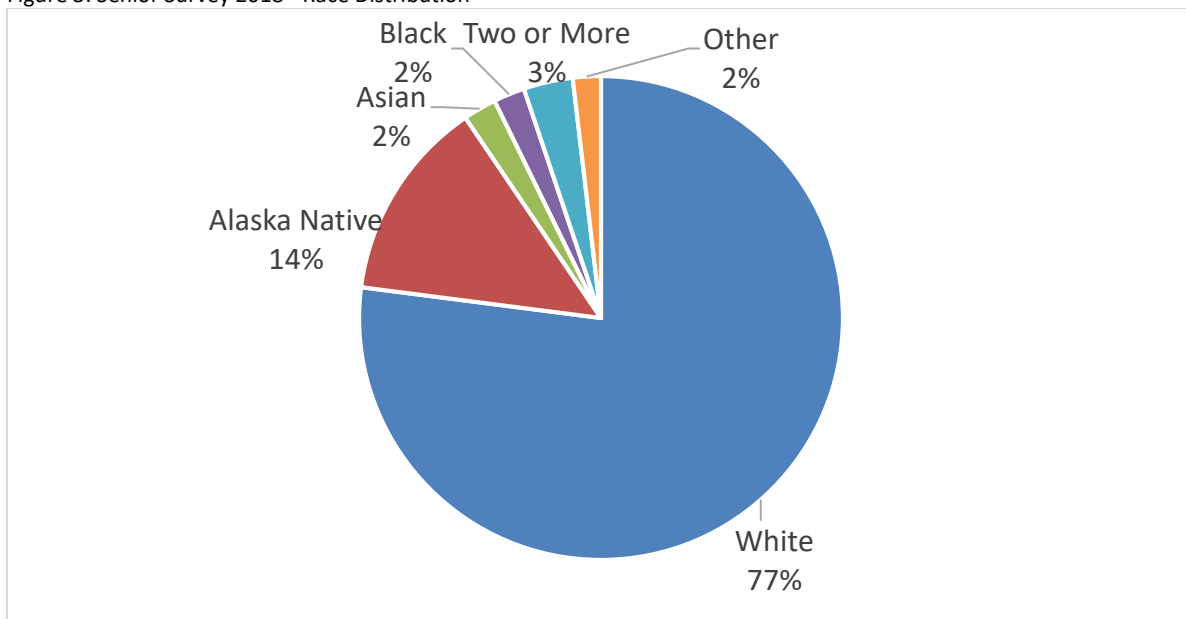
Almost two-thirds of those who responded were female (64.7 percent), although women comprise only 49.9 percent of Alaskans age 60 and over.

Figure 2: Senior Survey 2018 - Sex Distribution



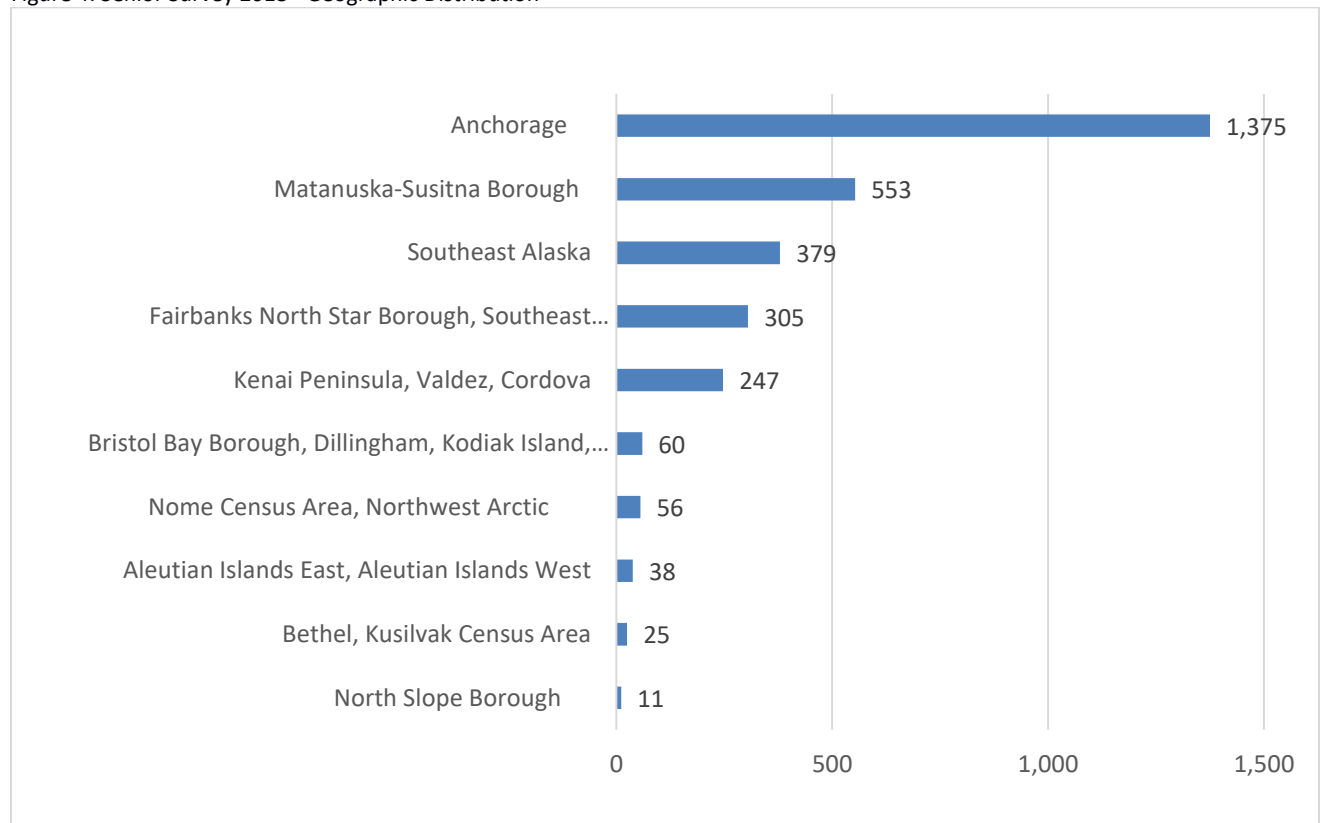
The race of survey responders was more representative of the general population of seniors, with 77 percent Caucasian/White, 13.5 percent Alaska Native/American Indian, 2.2 percent Asian/Pacific Islander, 2.1 percent African American/Black, and 1.8 percent Hispanic. (A total of 1.8 percent checked “Other”). Among the whole Alaska senior population, 77 percent are White, 12 percent Native, 6 percent Asian, 5 percent Hispanic, 2 percent Black, 3 percent two or more races, and less than 1 percent Native Hawaiian or other Pacific Islander.

Figure 3: Senior Survey 2018 - Race Distribution



Respondents were asked to indicate what geographic region they lived in or lived closest to. Response distribution was representative of larger population centers and included 45.1 percent from Anchorage, 18.1 percent from the Matanuska-Susitna Borough, 12.4 percent from Southeast Alaska, 10 percent from Fairbanks North Star Borough, Southeast Fairbanks and Denali, 8.1 percent from Kenai Peninsula, Valdez and Cordova, and 6.2 percent from all other regions including the Bristol Bay Borough, Dillingham, Nome, Northwest Arctic, Aleutian Islands East and West, Bethel, Kusilvak, and the North Slope Borough.

Figure 4: Senior Survey 2018 - Geographic Distribution



The typical senior survey responder has lived in Alaska a long time. Thirty-nine percent of the respondents stated having lived in the state for more than 30 years (43.3 percent of seniors), while another 8.7 percent were born here. Another 21 percent have lived here for 16 to 30 years. With 14.1 percent residing in Alaska for 6 to 15 years. Nearly 3 out of every 4 respondents had lived in Alaska for greater than 15 years. Only 6.8 percent of the respondents have lived in the state for 3 to 5 years and, 6.1 percent for two or fewer years.

The respondents indicated Alaskan seniors perceive themselves as very healthy. Four-fifths of respondents rated their overall health as Good, Very Good, or Excellent (32.3 percent, 33.8 percent, and 13.1 percent, respectively). Another 17.5 percent of respondents rated their health as Fair, and only 3.4 percent rated their health as Poor. A similar pattern of responses to self-perception of health has been reflected in other larger surveys of the Alaska population.

Other characteristics of respondents include:

- 52 percent have lived in their current home for more than 30 years

- 39 percent live alone
- 29 percent provide care for a family member or friend in some capacity
- 40 percent are retired and 17% are employed full-time
- 23 percent are veterans
- 45 percent do volunteer work at least once a month in their community
- 20 percent participate in subsistence activities, and 14% have someone else who provides meat, fish and berries to them

Top Concerns for Alaskan Seniors

“I am mostly concerned about senior benefits. I love Alaska but can’t afford to live here. I take care of my spouse and there is not enough money to go around.” – Senior Survey 2018 Respondent

The overarching concern for Alaskan seniors is access to health care, with financial security, maintaining physical health, affordable and accessible housing, and ability of in-home long-term support rounding out the top five concerns. Additionally, seniors were concerned about having enough food to eat, access to information about long term supportive services, transportation, memory loss and caregiver supports.

Survey respondents were asked to rank their concerns regarding how much they affect other seniors in the community, to which the highest responses were access to healthcare, affordable and accessible housing, services for seniors with dementia, transportation and elder protection/preventing elder abuse. The table below shows the full response to concerns affecting other senior (note that these use weighted scores, and the lower the score the more of a concern the issue is to seniors in Alaska).

Figure 5: Senior Survey 2018 - Concerns for Other Seniors

Area of Concern	Weighted Score
Health Care Services	1.17
Affordable and accessible housing	1.32
Services for seniors with dementia and support for their families	1.44
Transportation	1.50
Elder protection	1.52
Assisted living facilities	1.57
Senior center programs and activities	1.61
Information about housing and other private/public long-term care services	1.61
Caregiver Supports	1.61
Programs that give families a break in caregiving (Adult Day & Respite)	1.63
Health promotion and fall prevention activities	1.69
Behavioral health services for seniors	1.69
Support for grandparents raising grandchildren	1.76
Age-appropriate recreational activities	1.81
Lifelong learning and educational opportunities	1.88
Senior job training/employment	2.11

The most important services for seniors' quality of life reflect similar responses to their top concerns, and also their desire to remain in their own home as long as possible. The top most important services are health care services, affordable and accessible housing, services for seniors with dementia, transportation services, elder protection and assisted living facilities. The table below shows the full response to what agency services have the greatest effect on your quality of life.

Figure 6: Senior Survey 2018 - Impact of Senior Services on Quality of Life

Agency Provided Service	Weighted Score
Senior meals served at a senior center	1.54
Senior exercise	1.55
Home Delivered Meals	1.57
Transportation	1.64
Senior Center recreation activities	1.66
Homemaker/chore services	1.67
Care coordination	1.76
Personal care services	1.80
Managing finances, paying bills	1.85
Family caregiver respite	1.87
Adult day	2.05

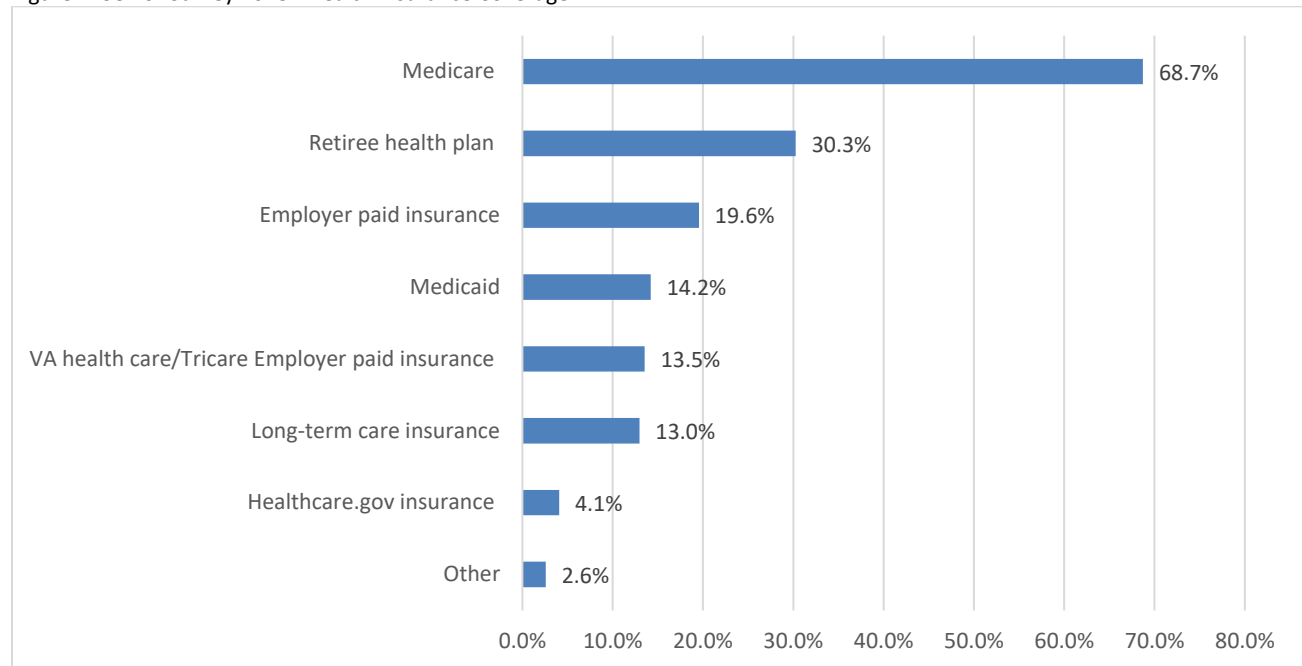
Health

"I worry about physical and mental health and who will advocate for my spouse's adult child with mental health issues. How will I care for my spouse if his health fails?" – Senior Survey 2018 Respondent

Senior survey responders list health care as the number one concern affecting Alaskan seniors and was rated as "very important" by 91.3 percent of respondents. Seniors know that effective health care is key to successful aging. To be unable to get the care they need, or to watch a friend or loved one struggle to get care, can create great personal anxiety as well as a sense of dismay that our society seems incapable of ensuring that the medical needs of older individuals are met.

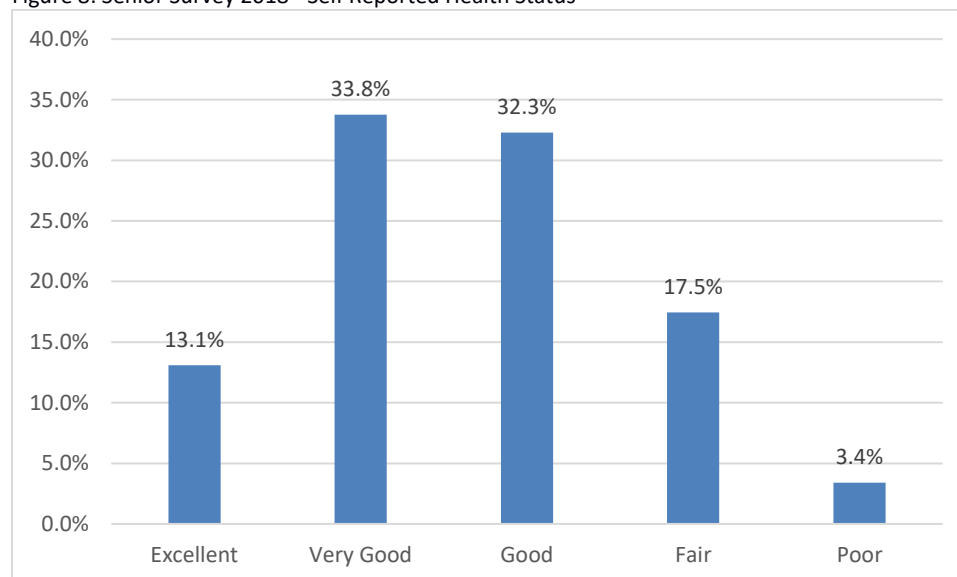
Respondents were asked about what type of health insurance they utilized, to which a majority 68.7 percent indicated at least some of their health insurance needs were covered by Medicare. Just over 30 percent utilize a retiree health plan, and 33.1 percent rely on some form of employer paid health insurance/VA health/Tricare program.

Figure 7: Senior Survey 2018 - Health Insurance Coverage



Despite the concerns about accessible health care, respondents indicated overall good health with 79.2 percent of respondents indicating their health was either good, very good or excellent. Only 3.4 percent of respondents indicated poor health, while 17.5 percent are experiencing only fair health.

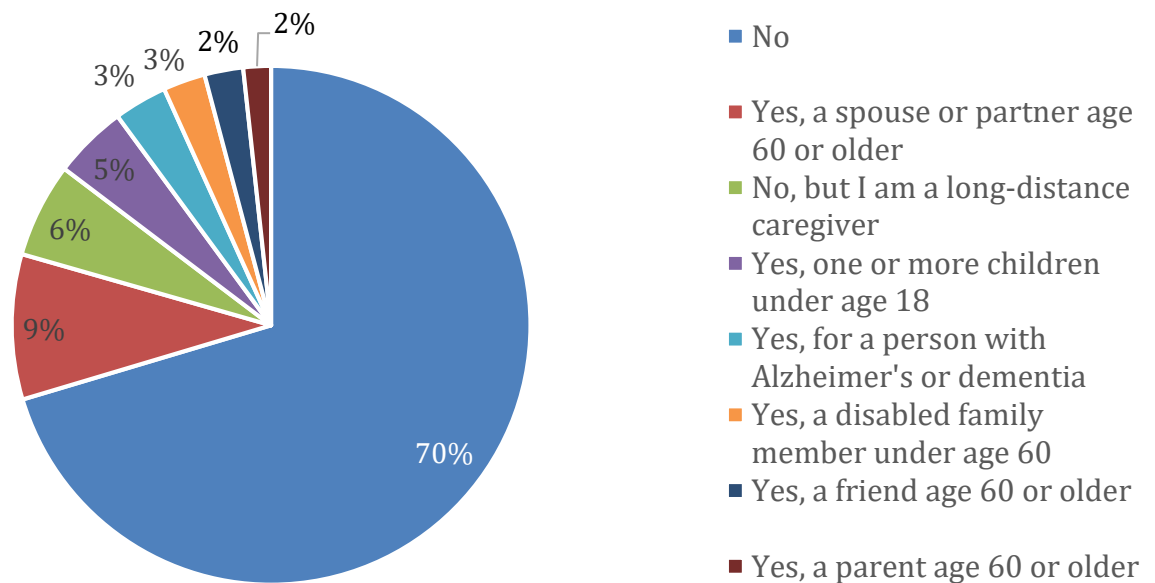
Figure 8: Senior Survey 2018 - Self Reported Health Status



More than one in five seniors (23.7 percent) provide home care for a family member or friend. Nine percent care for a spouse or partner who is a senior. Six percent provide long-distance caregiving of some kind and 5 percent provide care to one or more children under the age of 18. Three percent of respondents provide care to someone with Alzheimer's or dementia and another 3 percent provide care

to a person with a disability over the age of 60. (Individuals could check more than one group identifying those for whom they provide care.)

Figure 9: Senior Survey 2018 - Do you Provide Care for a Family Member or Friend?

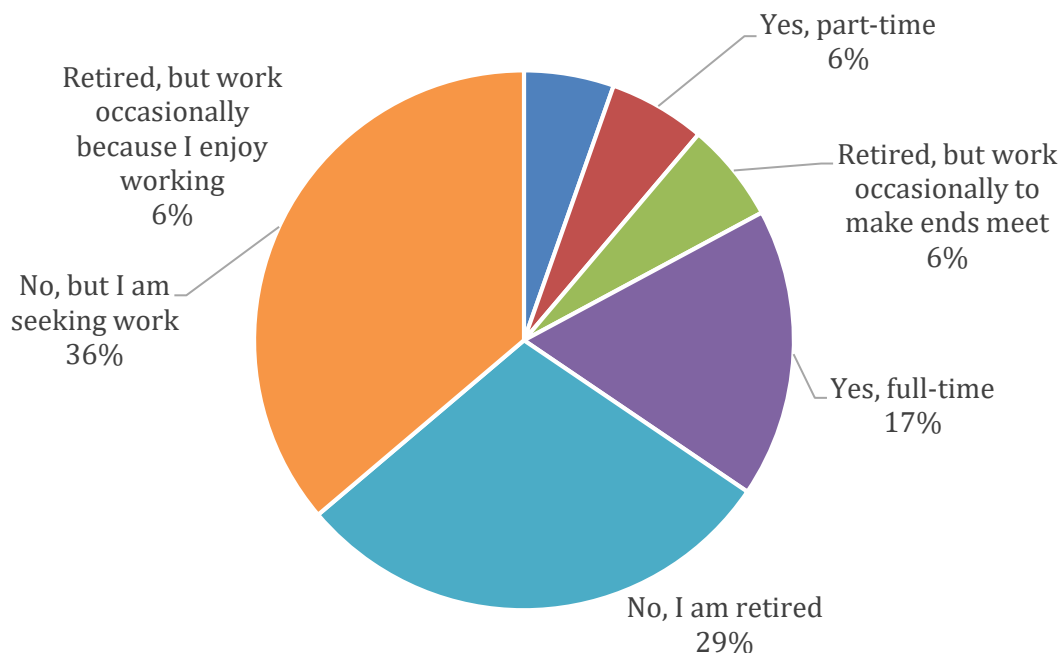


Finance

"There needs to be a way to get payment for me caring for my parents since they do not have the money and cannot do things for themselves and do not want to move from their home. I can't work when caring for them but still needs to make money to meet my own basic needs...I cannot afford to move and don't have anyone else to care for my parents in their late 80's. I am tired a lot from caring for my parents and having no time for myself, no "down" time to relax. I have no personal life. I worry I will run out of energy or get sick and then my parents and I would both need help." – Senior Survey 2018 Respondent

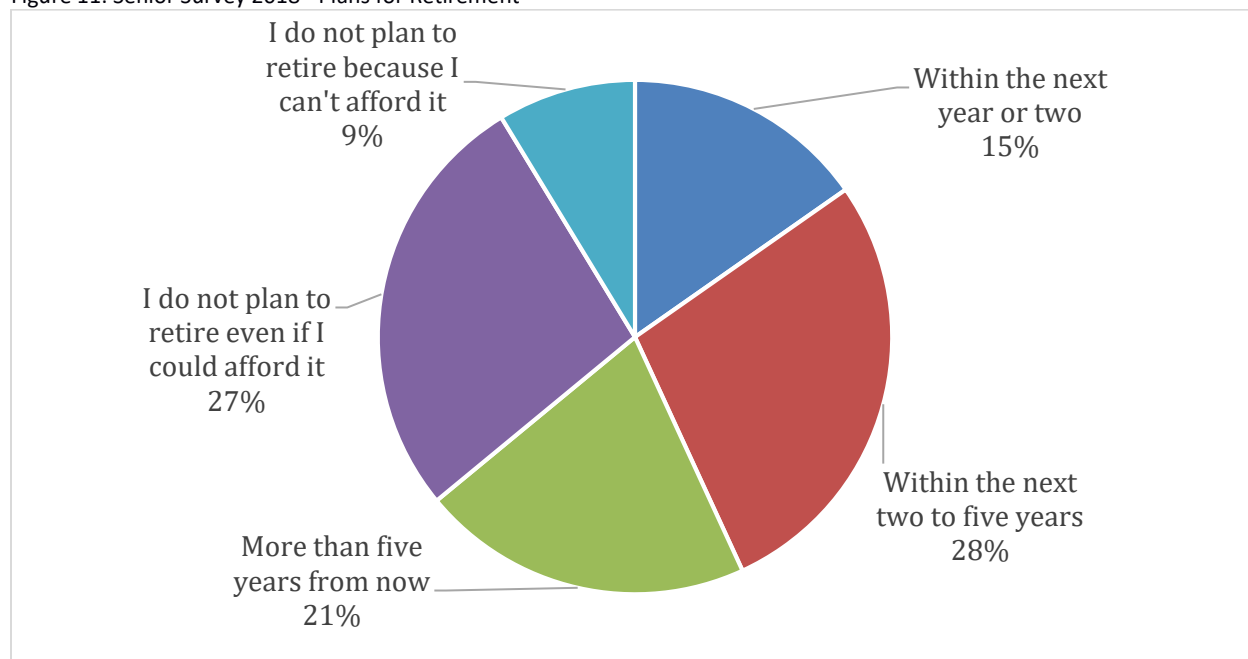
Financial security is rated second by respondents among concerns affecting Alaskan seniors. Although many seniors are retired (40.7 percent of respondents), over 20 percent of respondent still work full-time or part-time. Perhaps more concerning is that 36 percent of respondents are not retired, but are not currently working, and are actively seeking employment.

Figure 10: Senior Survey 2018 - Employment Status



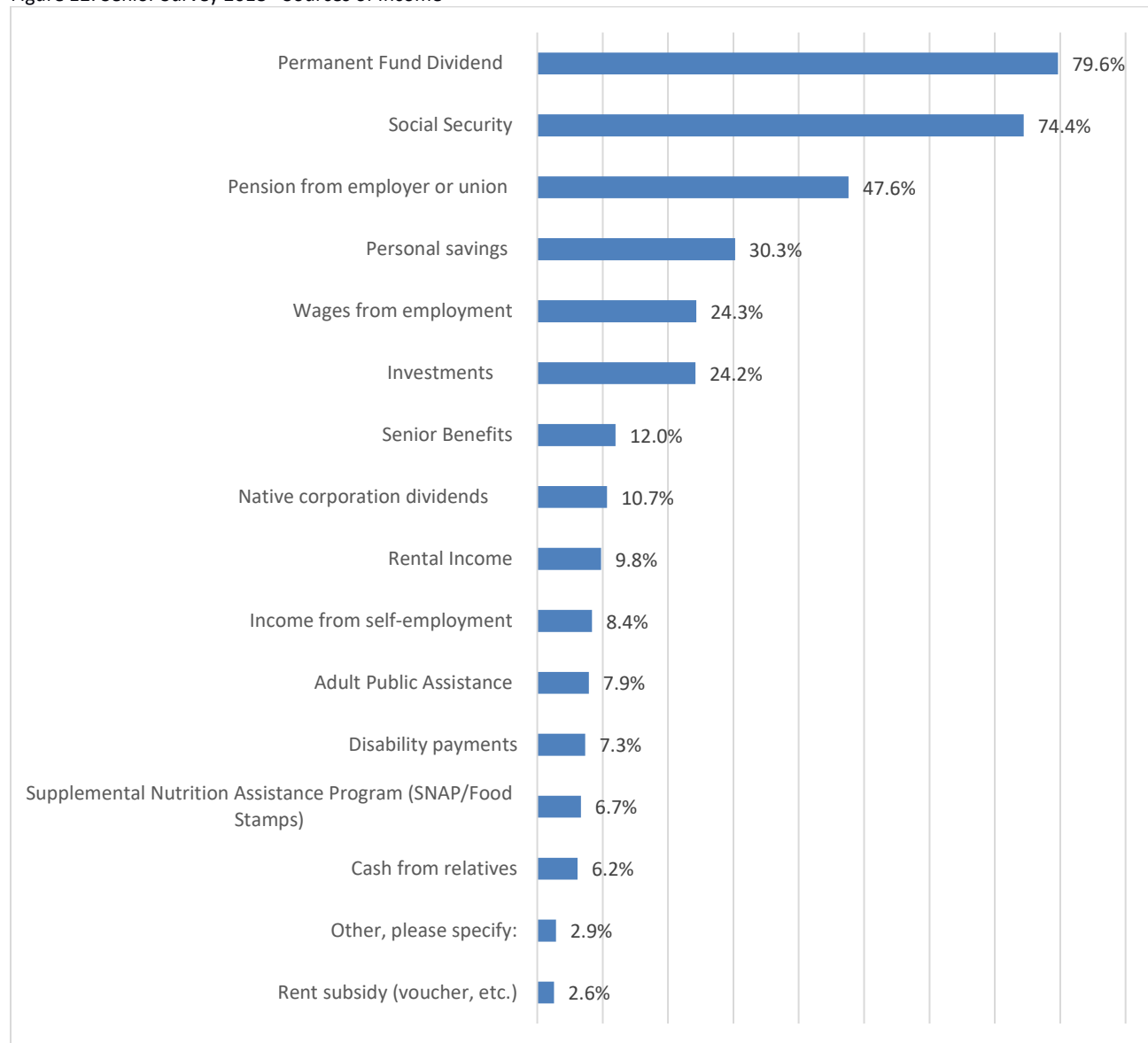
Of those seniors still in the workforce, 15 percent indicated that they would be retiring within the next year or two, 28 percent within the next two to five years and 21 percent in more than five years. Nearly a third of respondents (27 percent) indicated that they do not plan on retiring despite being able to afford it, indicating that many seniors find value in participating in the workforce.

Figure 11: Senior Survey 2018 - Plans for Retirement



Seniors receive income from a variety of sources. The main sources of income for older Alaskans are Social Security (74.4 percent) and the Permanent Fund Dividend (79.6 percent). nearly half (47.6 percent) respondents receive a pension from their employer or union, and another 30.3 percent draw from personal savings or investments. Financial assistance provided by the Senior Benefits Program, disability payments, Adult Public Assistance, Food Stamps, and rent subsidy account for close to 43 percent of the income sources based on responses. The table below shows the full representation of income sources for respondents.

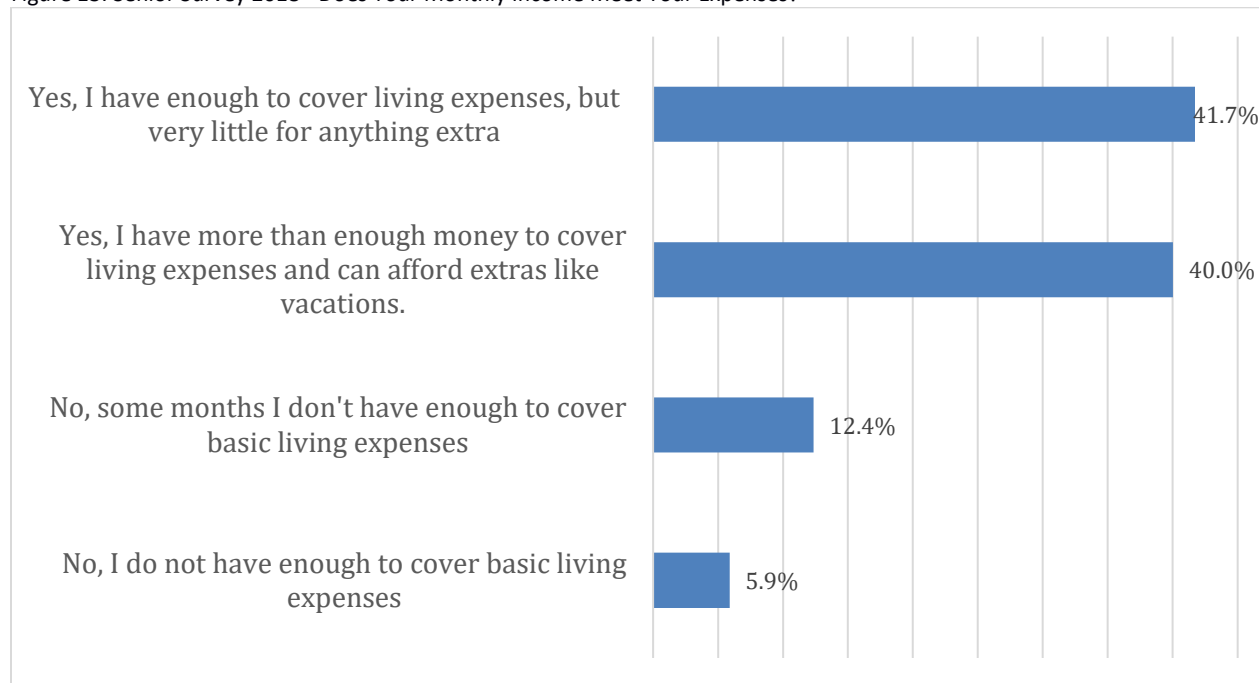
Figure 12: Senior Survey 2018 - Sources of Income



As suggested earlier, many older Alaskans struggle with financial security. Only 40 percent of Alaskan seniors have enough income to meet all their monthly expenses and can afford extras. Another 41.7 percent of respondents have enough to cover monthly living expenses but have very little left over for anything extra. More than one in ten (12.4 percent) reported not having enough to cover living

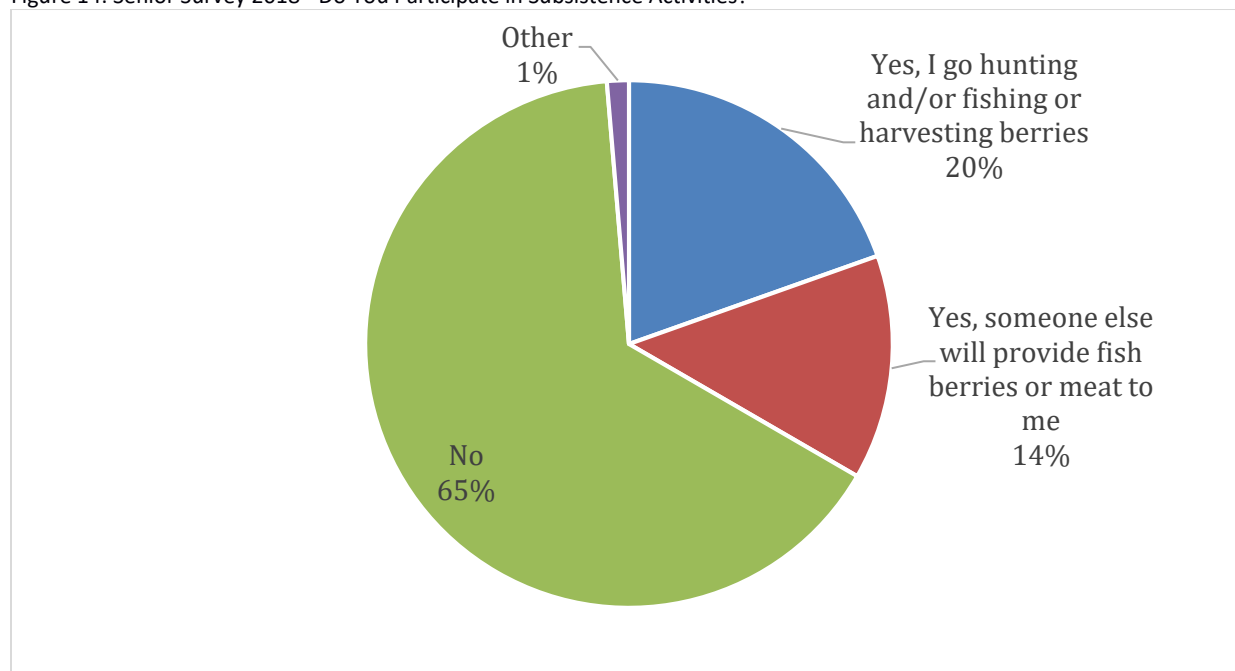
expenses some months and another 5.9 percent reported not having enough income to pay for their monthly living expenses on a regular basis.

Figure 13: Senior Survey 2018 - Does Your Monthly Income Meet Your Expenses?



Related to financial security and in line with Alaskan culture, just over one-third of Alaskan seniors (34 percent) participate in subsistence activities directly or by proxy.

Figure 14: Senior Survey 2018 - Do You Participate in Subsistence Activities?

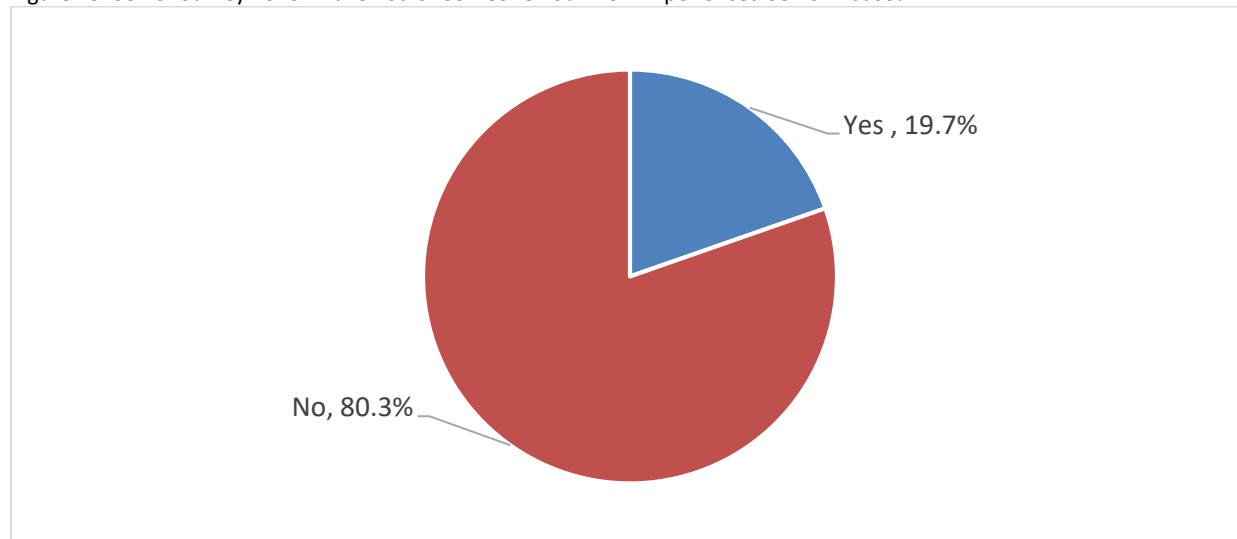


Elder Abuse

“Adult protective services are located far away, and there is not enough training for local people to know when abuse is happening and how to report it.” – Senior Survey 2018 Respondent

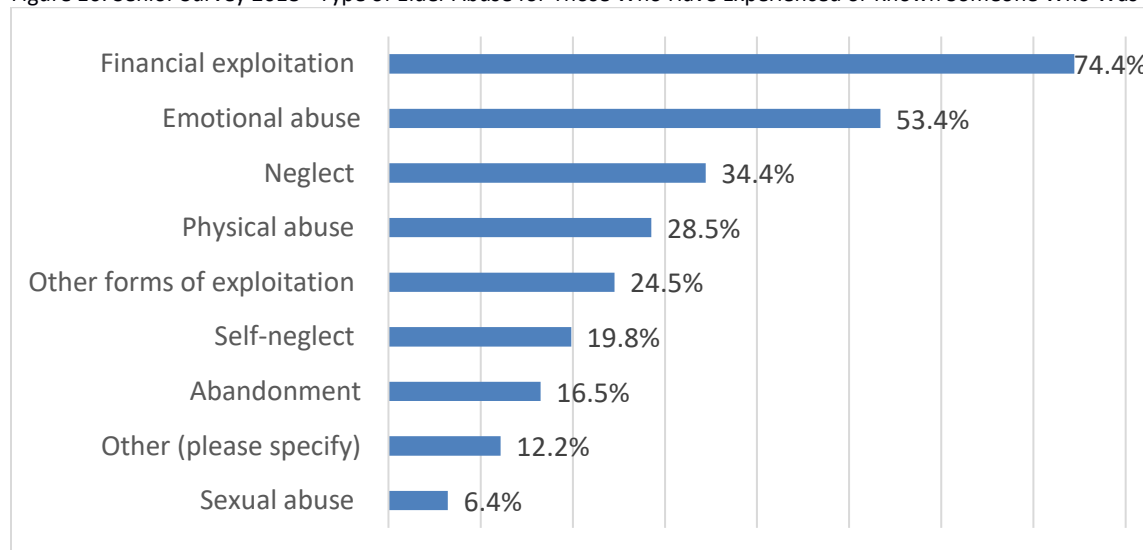
A major focus area of this state plan is elder justice. The seniors who responded to this survey indicated 19.7 percent had either personally experienced elder abuse or knew someone who had.

Figure 15: Senior Survey 2018 - Have You or Someone You Know Experienced Senior Abuse?



Elder abuse can take many forms. The two most common forms of elder abuse noted by the respondents are financial exploitation (74.4 percent) and emotional abuse (53.4 percent). Other forms of elder abuse noticed by respondents included neglect (34.4 percent), physical abuse (28.5 percent), self-neglect (19.8 percent), abandonment (16.5 percent), and sexual abuse (6.4 percent). Other explanations were provided by 12.2 percent of the responses, and individuals could check more than one answer. Respondents could select more than one answer.

Figure 16: Senior Survey 2018 - Type of Elder Abuse for Those Who Have Experienced or Known Someone Who Was Abused?



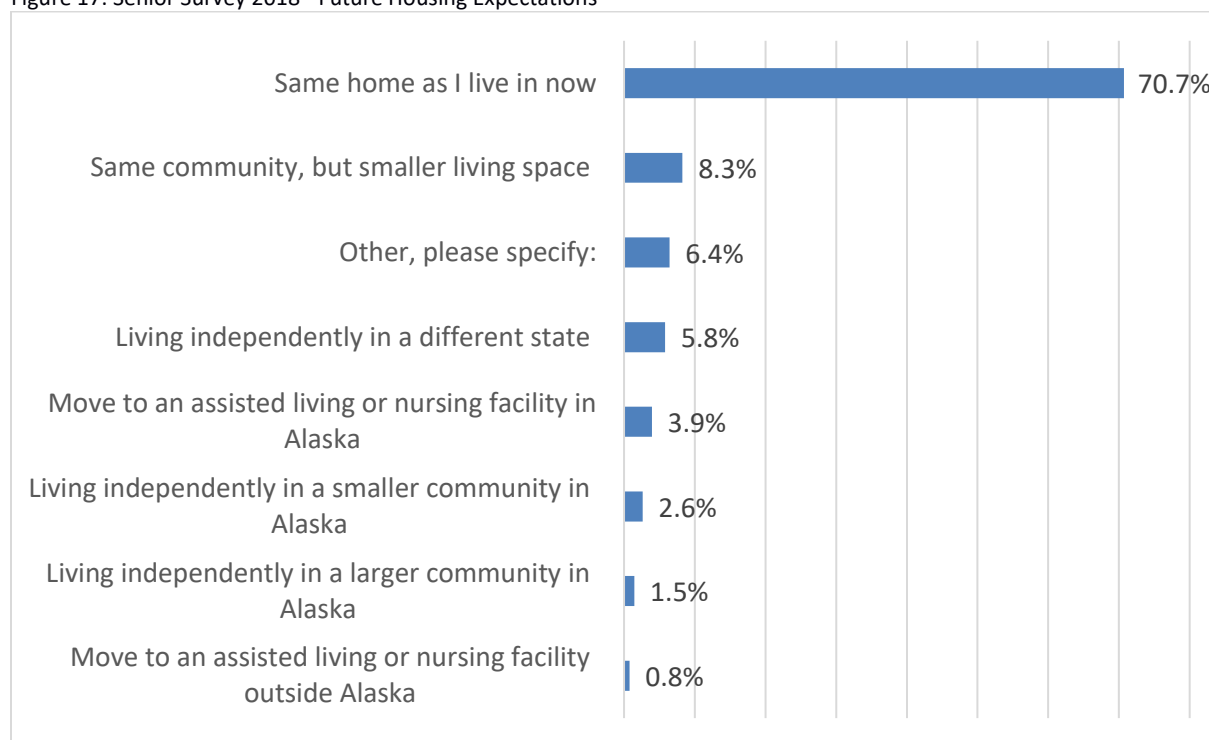
Housing

"I think there should be housing for seniors of my age group that is affordable. All I have found in Anchorage & Mat-Su were \$3,000.00 a month, which I could not afford. I either make too much income or do not have enough." – Senior Survey 2018 Respondent

"I want to remain in my own home. But need repairs to home and need water supplied to my home – by tank or, water from well then fed into trailer home. Also need ramp and rails for my safety from falls." – Senior Survey 2018 Respondent

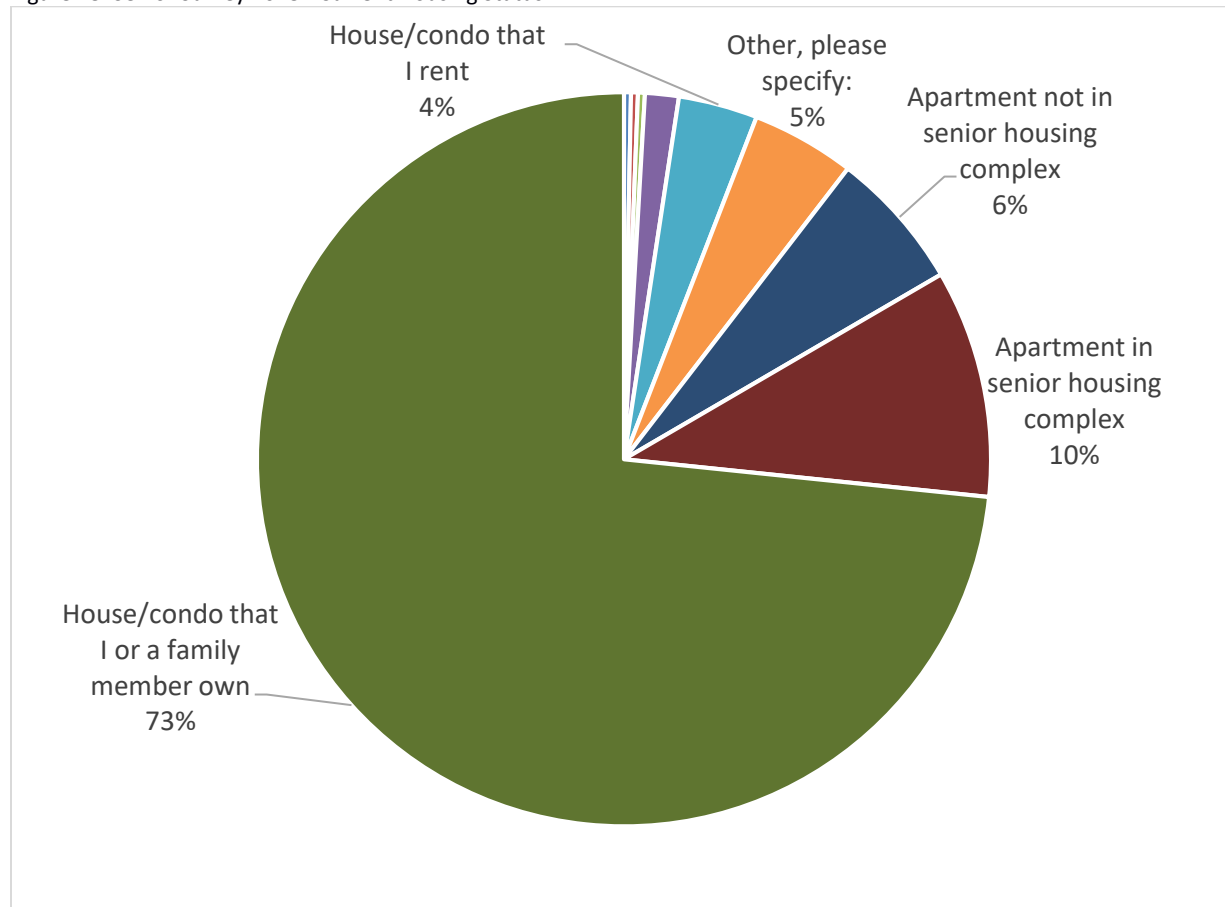
Many seniors shared concerns related to housing, specifically affordability and accessibility. Housing concerns range from housing availability, affordability, accessibility, and quantity of assisted living opportunities. Seventy-one percent of those surveyed say they expect to be living in the same home five years from now and 75 percent plan on remaining in Alaska. This suggests that seniors are relatively content with their living situations and hope to remain in Alaska long-term.

Figure 17: Senior Survey 2018 - Future Housing Expectations



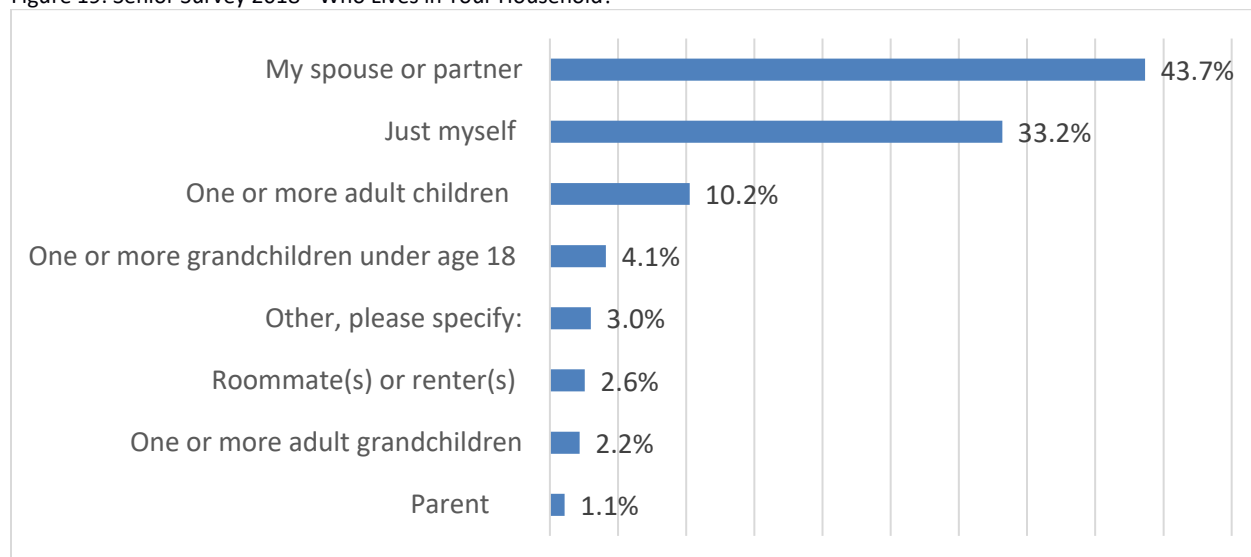
Responses show 73 percent of seniors live in a house or condo that they or a family member owns. Survey respondents also live in a variety of other housing situations, ranging from apartments in senior housing complexes to nursing homes and assisted living facilities to homeless shelters.

Figure 18: Senior Survey 2018 - Current Housing Status



A contributing factor to senior loneliness is the fact that many seniors live alone, including 33.2 percent of those that responded to this survey. Nearly half of the respondents live with their spouse or partner (43.7 percent), and 19.1 percent live with a family member (child, grandchild) or roommate/renter.

Figure 19: Senior Survey 2018 - Who Lives in Your Household?

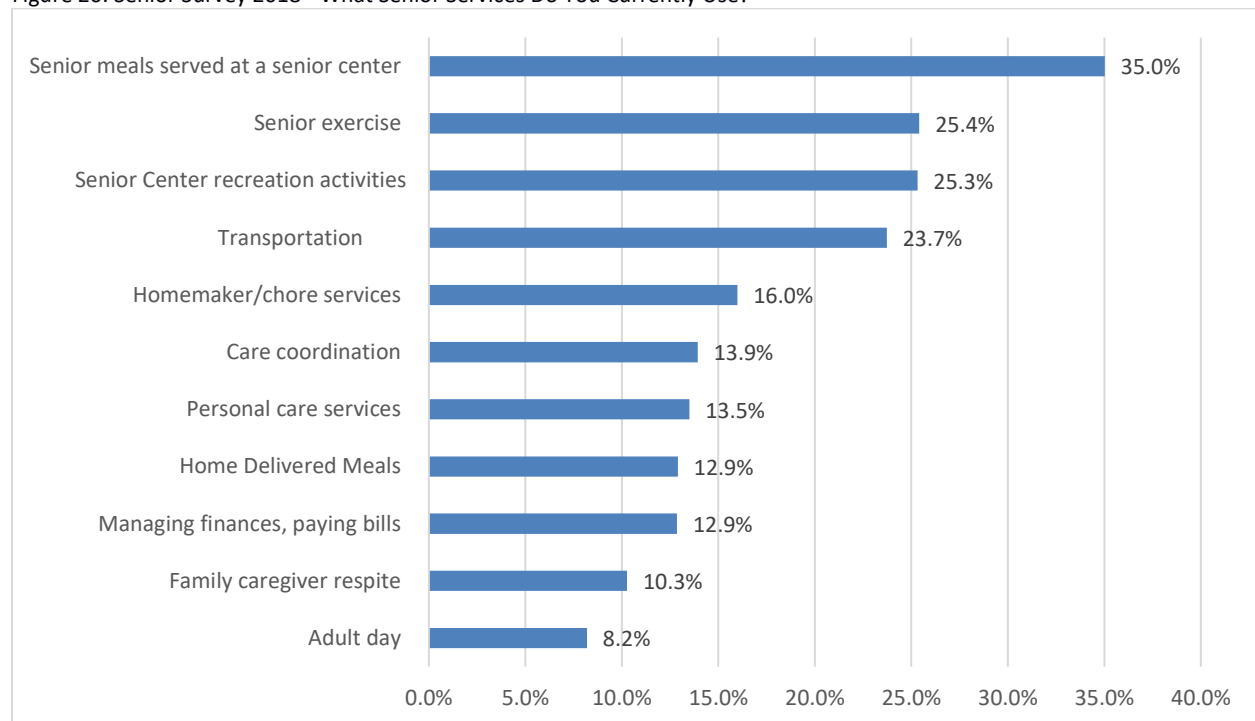


Support Services

“There are very few to no services for coordination, caregiver support and other geriatric support needs except thru Medicaid/Medicaid waiver.” – Senior Survey 2018 Respondent

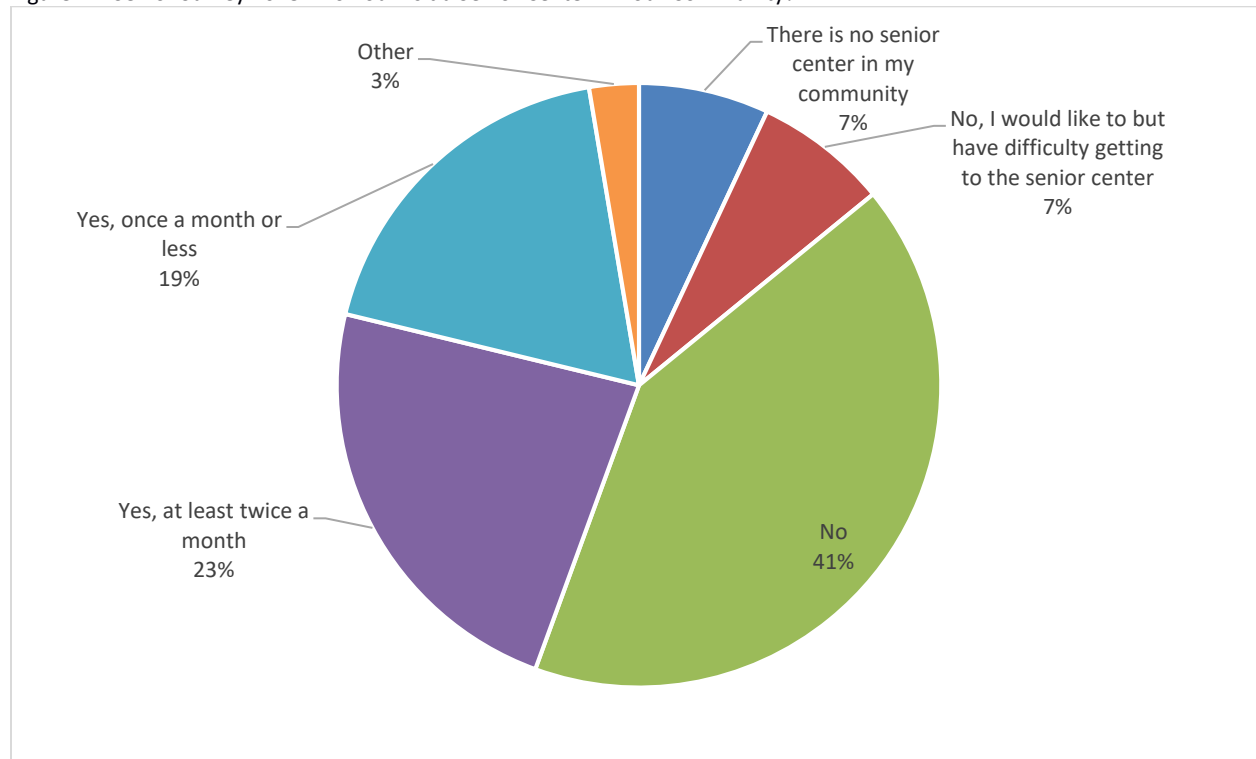
Responders were asked about the senior services they may have used in the past year. The most widely used service by survey responders was senior meals served at senior centers (used by 35 percent of survey responders). Senior exercise and recreational activities at senior centers were also highly utilized. Senior centers were mailed packets of the survey, which may have contributed to this number. Other highly-used services include transportation services, homemaking services, care coordination, and home delivered meals.

Figure 20: Senior Survey 2018 - What Senior Services Do You Currently Use?



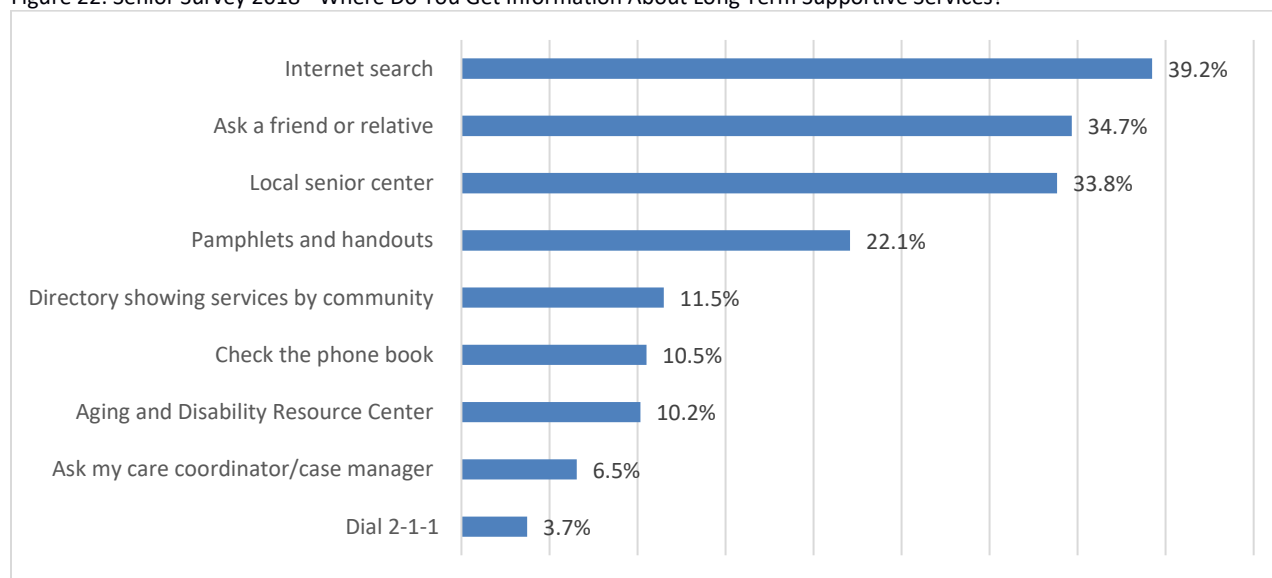
Clearly Alaska seniors trust their senior centers, not only as sources of information about programs and services but also as hubs of social engagement. Just over two in five seniors (42 percent) say they do visit their local senior center, with 23.2 percent visiting regularly (at least twice a month) and 18.6 percent dropping in occasionally (once a month or less). Another 7.1 percent say they would like to visit the senior center but have difficulty getting there. Only one in four seniors (24.3 percent) say they are not interested in what their senior center offers. Forty-two percent of respondents do not regularly visit the senior centers.

Figure 21: Senior Survey 2018 - Do You Visit a Senior Center in Your Community?



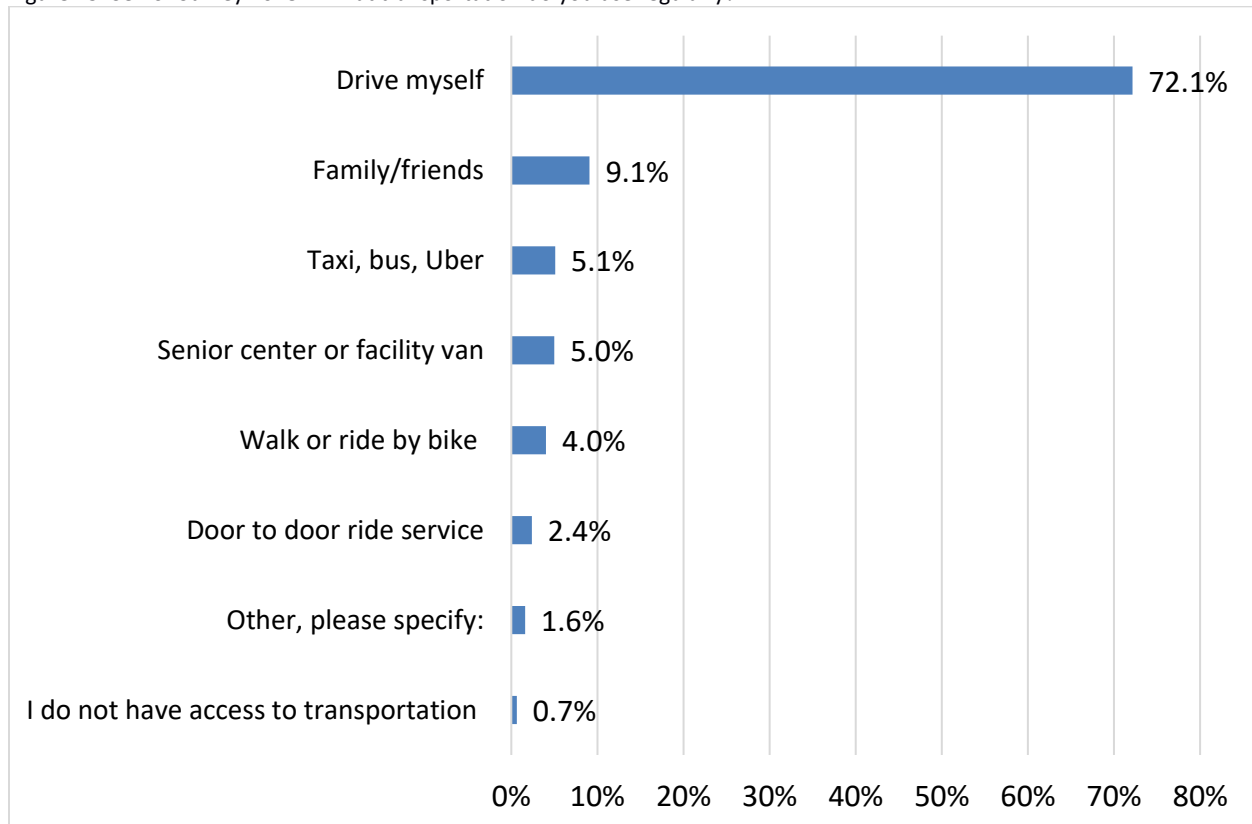
Seniors often tell the Alaska Commission on Aging that they don't know where to go for information about programs and services to help with their needs. The most common place seniors access information is the internet (39.2 percent) followed by relying on friends and relatives (34.7 percent). Just over a third (33.8 percent) of seniors rely on the local senior center for information regarding long term supportive services. The least used information sources were Dialing 2-1-1 (3.7 percent) and utilizing a care coordinator/case manager (6.5 percent).

Figure 22: Senior Survey 2018 - Where Do You Get Information About Long Term Supportive Services?



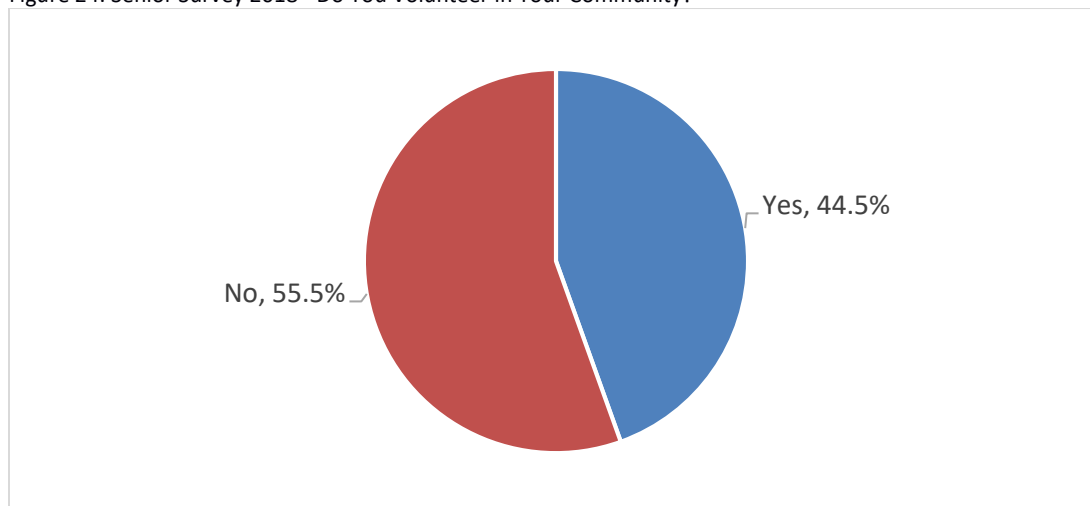
A majority of respondents drive themselves as a primary mode of transportation (72.1 percent), alternatives to driving were mostly auto centric including receiving rides from friends and family members (9.1 percent), taking a taxi or bus (5.1 percent) or using transportation services provided by a senior center or assisted living facility (5 percent).

Figure 23: Senior Survey 2018 – What transportation do you use regularly?



Just under half (44.5 percent) of respondents do volunteer work at least once a month in their communities.

Figure 24: Senior Survey 2018 - Do You Volunteer in Your Community?



Provider Survey

Methods

The Alaska Commission on Aging (ACoA) distributed an online survey to community-based senior service provider agencies, the Alaska Pioneer Homes, assisted living and long-term care facilities and community health centers. This online survey was distributed via the Survey Monkey on-line platform from November 9 to December 1, 2018. There were 26 questions in the survey, including four open-ended questions. The survey asked providers about the types and amount of services they provide for seniors, their projections of service needs over the next five years, their perceptions of senior concerns, their evaluations of unmet needs of seniors in their service areas, and other information pertinent to primary health care and home and community-based services. One-hundred and 26 people responded.

Key Findings

The Provider Survey highlighted many of the same top issues raised in the elder-senior listening sessions and Senior Survey, including:

- Financial Need (not enough food, money to cover living expenses)
- Assisted living or long-term care facilities
- In home services
- Dementia care
- Affordable and accessible senior housing

The most important senior services that are missing or insufficient in provider service areas include

- Transportation
- Independent senior housing
- Behavioral health services for older adults
- Chore/homemaker assistance
- Home repair/Modification for accessibility

Respondent Profile

Providers responding to this survey represented non-profit, state, municipal, tribal, and for-profit agencies. These providers see only a subset of the senior population in any given area, and this subset of individuals likely has higher needs for services including coordinated care and financial assistance. Of the provider respondents:

- 52 percent work for a non-profit and 21% work for a for-profit organization
- 25 percent work with an assisted living home or long-term care facility
- 59 percent are over the age of 50 and 6.5% are over 70 years old.
- 56 percent are executive directors or program managers
- 24 percent are care coordinators, direct care staff or nurses.

Figure 25: Provider Survey 2018 - Geographic Service Area

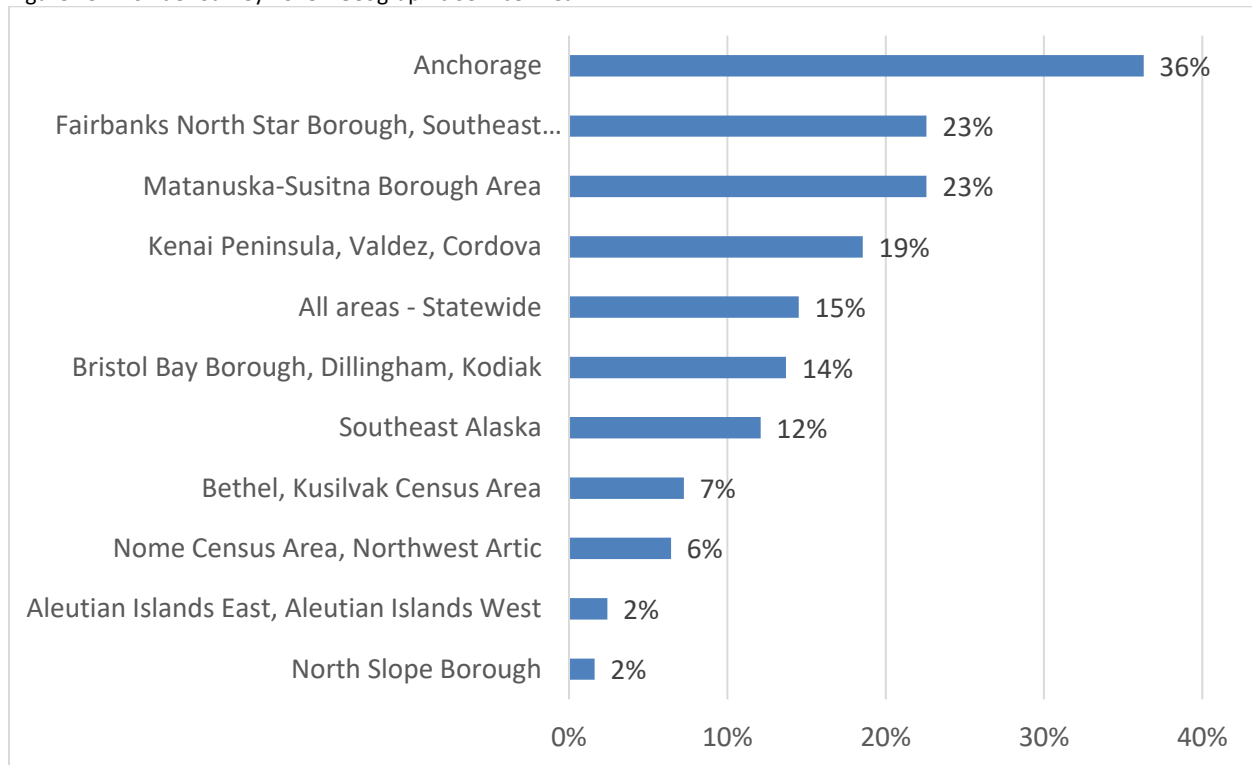
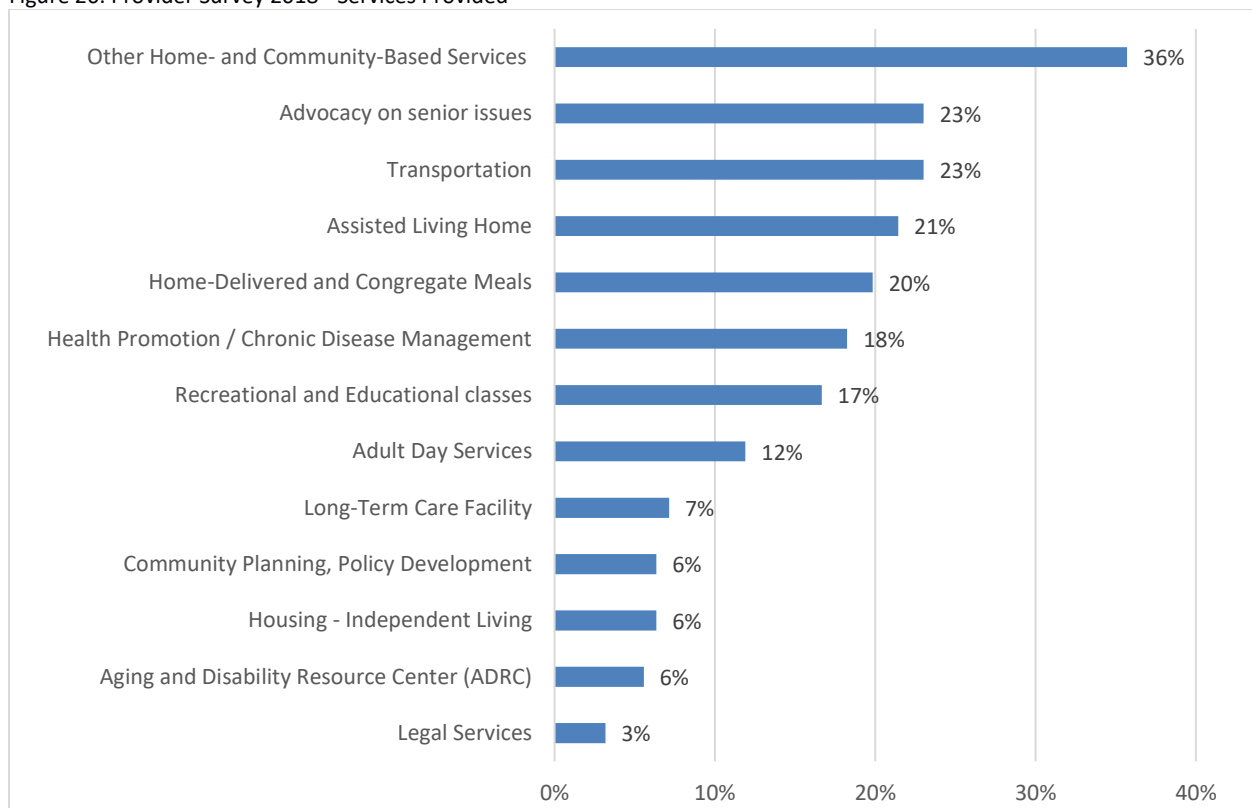


Figure 26: Provider Survey 2018 - Services Provided

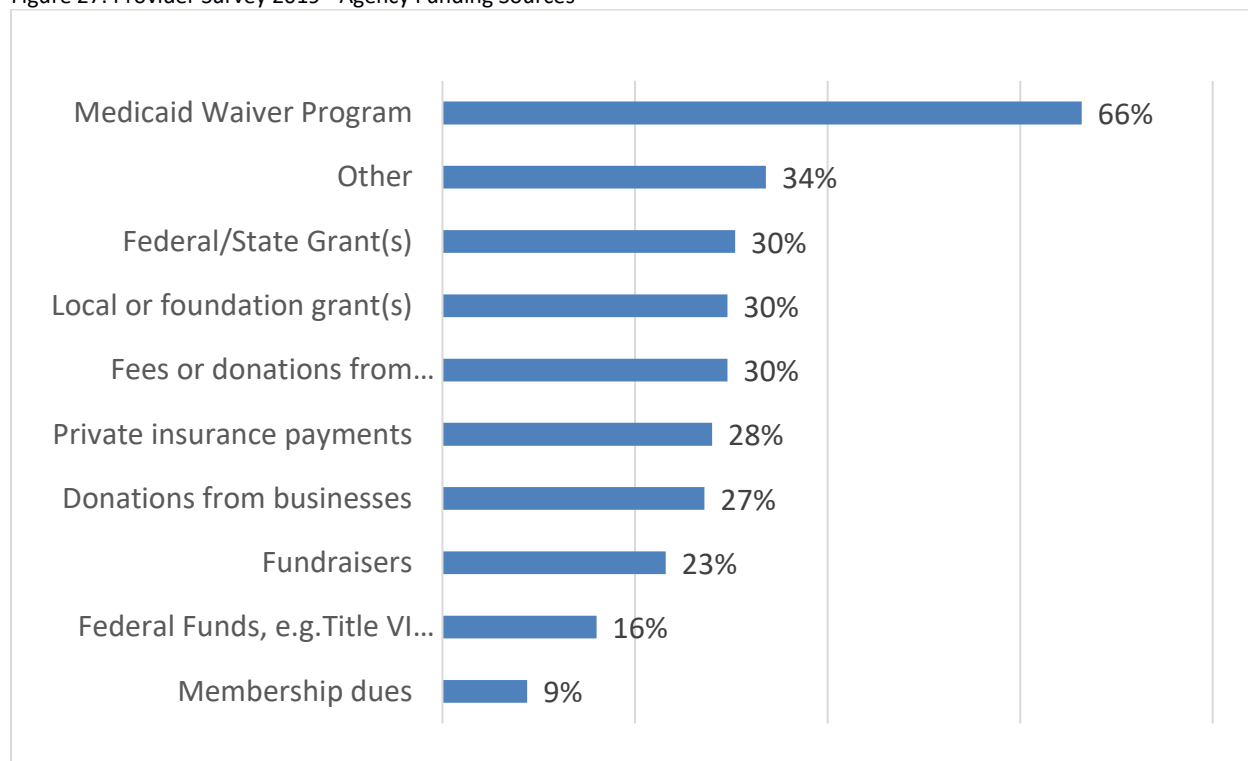


Many types of services are provided by those that responded to this survey, with the most common types being Home- and Community-Based Services (36 percent), Advocacy on senior issues (23 percent), Transportation (23 percent), Assisted home living (21 percent) and home delivered and congregate meals (20 percent)

Funding Sources

Responding programs were funded by a variety of sources, including the Medicaid Waiver program (66 percent), state grants such as Title III (30 percent), fees or donations from direct users (30 percent), local or foundation grants (30 percent), private insurance payments (28 percent), Donations from businesses (27 percent), fundraisers (3 percent) and Federal funds such as Family Caregiver Support Program and Title VI (16 percent).

Figure 27: Provider Survey 2019 - Agency Funding Sources



Trends in Clients Served

For the most part, providers indicated that they are serving an increased number of senior consumers compared to five years ago. Twenty-five percent of providers indicated somewhat higher client numbers between one to five percent higher, 34.9 percent indicated considerably higher numbers of senior clients (greater than a six percent increase), while 7.1 percent of providers show similar numbers to five years ago, and 18 percent are serving fewer clients.

Five years from now, 43 percent of providers expect to be serving significantly more clients (greater than a 6 percent increase), and another 29.2 percent expect to be serving somewhat more (up to five percent more). In other words, three out of every four programs are expecting an increase in demand for their services in the next five years. Of the remaining providers, 9.7 percent expect to be seeing a similar number of clients and 8.9 percent expect to be seeing a decrease in their clientele.

State Plan Goals and Funding Formula

Providers were asked if they were familiar with the Alaska State Plan for Senior Services 2016-2019, to which 58 percent indicated they had seen and or used the plan, 32 percent indicated that they had heard about the plan but had not seen or used it, while another 16 percent were unfamiliar with the State Plan.

Asked about the four goals represented in the previous (FY 2016-2019) state plan, and whether the goals should be kept, expanded, narrowed, or dropped – a strong majority of providers wanted to keep or expand each goal.

Providers were also asked to weigh in on the three new provisions of the funding formula. The three provisions were to 1. Modernize the definition of “rural” to include “remote” definition, 2. Subdivide Alaska Region V into two subsets to include the Mat-Su as Region V(b) and Kenai/Valdez/Cordova as Region V(a), and 3. Implement a “base funding allocation” using federal Older American Act Funds appropriated for Alaska to replace the hold harmless provision. Provisions one and two were supported and respondents wanted to keep them the same and provision three had some support for modification/dropping. Most respondents (107) chose to skip this question on the survey. The table below shows respondent input on these three provisions

Funding Formula Provision	Keep As Is	Modify	Drop	Not Sure	Total responses
Modernize the definition of “rural” to include “remote” definition	52.6%	31.6%	0%	15.8%	19
Subdivide Alaska Region V into two subsets to include the Mat-Su as region V(b)and Kenai/Valdez/Cordova as Region V(a)	52.6%	21.1%	10.5%	15.8%	19
Implement a “base funding allocation” using federal Older American Act Funds appropriated for Alaska to Replace the hold harmless provision	38.9%	16.7%	5.6%	38.9%	18

Conclusion & Next Steps

The Needs Assessment provided the Advisory Committee with extensive quantitative and qualitative input from the seniors and providers on what is important to them. The Advisory Committee met in April 2019 to review the information during a facilitated planning session to update the Alaska State Plan for Senior Services FY 2020-2023. The Needs Assessment is also available for a wide range of uses include program planning, development of services, and public awareness.

The Needs Assessment reveals information as to the perceptions and needs of seniors and senior services providers across Alaska. Issues of healthcare, housing, assisted living, coordinated care, financial need, assistance with activities of daily living, and transportation remain key issues for seniors across Alaska. Ensuring that services and supports are in place that address the concerns and interests of these survey respondents and focus group participants will help to create a more effective network of services for seniors.

The data collected in this Needs Assessment guides recommendations in the FY 2020-2023 Senior Services Plan. Future needs assessments should reflect upon the results of these surveys and listening sessions and should adapt their questions/methods to cover any information gaps missing from this assessment.

Appendix B: Alaska Intrastate Funding Formula FY 2020-2023

The Alaska Intrastate Funding Formula FY 2020-2023 allocates approximately \$4.8 million in Older American Act federal funding and \$2.5 million from the State General Fund across Alaska for home and community-based services for a total of approximately \$7.2 million for FY 2020. The Older Americans Act (OAA) requires that state funding plans give preference to seniors in economic and social need, defined as follows:

- **Greatest economic need** refers to need resulting from an income level at or below the poverty line.
- **Greatest social need** refers to need caused by the non-economic factors, which include physical and mental disabilities; language barriers; and cultural, social, or geographic isolation, including isolation caused by racial or ethnic status, that restricts an individual's ability to perform normal daily tasks or threatens his or her capacity to live independently.

The Advisory Committee is tasked with determining and updating the funding formula. The Advisory Committee for the Alaska State Plan for Senior Services for FY 2020-2023 designated a subcommittee to review and revise the funding formula.

The funding formula submitted as part of this state plan, FY20-FY23 is the same as the funding formula approved for the FY 2017-2019 period with two notable changes. First, the American Community Survey Five-Year Estimates are used in place of Alaska Senior Benefits Program Participation as an indicator of poverty. Second, Kodiak Island Borough is considered rural, rather than remote as in the FY 2017-2019 plan. The details of this change are included in Funding Formula Factors section in the following pages. In addition, Alaska Department of Labor and Workforce Development data for total senior population 60 and older, 80 and older, and minority seniors is updated to 2017.

State Plan Guidance

Per 2015 AOA State Plan Guidance section 305(a)(2) the state shall –

“(C) in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account--

- I. The geographical distribution of older individuals in the State; and
- II. The distribution among planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals.”
- III. The State of Alaska constitutes a single planning and service area under the terms of the Older Americans Act. The Alaska Department of Health & Social Services (DHSS) is the State Unit on Aging as designated by the Governor. The operations of Alaska's state unit on aging are carried out jointly by the DHSS' Division of Senior & Disabilities Services and the Alaska Commission on Aging. The Division of Senior and Disabilities Services administers the majority of state and federally-funded programs for seniors.

Funding Formula Overview

The funding formula allocates a percent of the total \$7.1 million in funding to nine regions. Each of the state's 27 census areas are apportioned into the nine funding regions using the formula.

- Region 1: Bethel, Kusilvak
- Region 2: Fairbanks NSB, SE Fairbanks, Denali, Yukon-Koyukuk
- Region 3: North Slope Borough
- Region 4: Muni of Anchorage
- Region 5a: Kenai Peninsula, Valdez/Cordova
- Region 5b: Matanuska-Susitna Borough
- Region 6: Aleutians East, Aleutians West
- Region 7: Bristol Bay, Dillingham, Kodiak, Lake & Peninsula
- Region 8: Nome, Northwest Arctic
- Region 9: Prince of Wales, Sitka, Skagway, Haines, Hoonah/Angoon, Juneau, Ketchikan, Petersburg, Wrangell, Yakutat

A total of 5.74 percent is held out from total funding for statewide programs, including legal services and media services. Actual funding to any region is dependent upon capacity within a region to deliver senior services. If a region does not have the capacity to deliver services to its entire population, any remaining funds are redistributed statewide.

There are two components of the funding formula. For State General Funds, funding is distributed using five weighted factors that are used to determine the percent of funds that will go to each region each year based on current data. For federal funds, funds are distributed using a fixed percent based on a historic year distribution. The purpose of the fixed percent allocation was to establish a base level of funding each provider and region could rely on.

Funding Formula Factors to Allocate State General Funds

The following descriptions provide detail on the five weighting factors used to allocate the state general fund portion of the funding formula. The weighting factors total to 100. These weighting factors reflect changes from a FY 2017-2019 State Plan Amendment to the FY 2016-2019 State Plan for Senior Services by a separate Funding Formula Task Force.

Total Senior Population Factor

The total number of seniors in each region is a major factor in the demand for services in that area. All of the state's nine regions have witnessed at least a 29 percent increase in its total senior population since 2001. This factor is weighted at 12.5, as many younger seniors are healthy, currently employed, and not in need of services. The data source for this factor is the Alaska Department of Labor and Workforce Development Population Estimates.

Minority Factor

Minority is defined as those seniors who reported either a race other than white alone, or a Hispanic ethnicity. The Census Bureau categorizes Hispanic origin as an ethnicity, separate from race. This weighting includes all those who report ancestry which is wholly or partly minority, as minority seniors. This factor is weighted at 12.5 because (1) large numbers of non-white seniors live in urban areas with close access to services and (2) Alaska Native Elders, the largest minority population in Alaska, have

access to services provided by Title III and Title VI funds. The data source for this factor is the Alaska Department of Labor and Workforce Development Population Estimates.

Poverty Factor

This factor is calculated using the American Community Survey Five-Year Estimate of seniors age 60 and older living at or below poverty level. This factor is weighted at 27.5 to target additional resources to this population of seniors with the greatest economic need. The data source is a changed from previous plans in which participation in the Alaska's Senior Benefits Program was used as the measure of poverty in this State Plan. The program provides a small monthly cash benefit is available to any Alaskan age 65 and over with an income up to 175 percent of the Alaska poverty level. However, the Advisory Committee decided given the unpredictability of funding and the voluntary nature of the program, the American Community Survey would be a more accurate data source.

Frail Factor

Frail is quantified as those people who are age 80 and older. Increased age can be correlated with a greater likelihood of need for assistance with activities of daily living, greater risk of cognitive impairment such as Alzheimer's disease and related dementia, and greater risk of placement in an institutional setting if assistance is not available. This factor is weighted at 25, following recommendations received through the provider survey. The data source for this factor is the Alaska Department of Labor and Workforce Development Population Estimates.

Rural Factor

The rural factor is calculated using a two step process. First, each census area is designated as urban, rural or remote based on whether the census area is considered metropolitan, micropolitan or neither, respectively, by the Office of Management and Budget (OMB).¹ According to the OMB definition, a metropolitan area contains a core urban area of 50,000 or more population. A micropolitan area contains an urban core of at least 10,000, but less than 50,000, population. According to the OMB, Anchorage, Fairbanks North Star Borough, and Matanuska-Susitna Borough are considered metropolitan and by extension urban in the funding formula. Juneau City and Borough and Ketchikan Gateway Borough are considered micropolitan and by extension rural in the funding formula. The remaining census areas are "neither" and therefore designated as remote in the funding formula.

The second step is for the Advisory Committee to adjust designations based on local geography. Although the Kenai Peninsula Borough and the Kodiak Island Borough are not classified as a Micropolitan area per OMB, the Advisory Subcommittee agreed that its characteristics were more similar to the rural census areas rather than remote census areas due to being on the road system and having a lower cost of living.

The rural factor assigns a weighting value of 22.5 for remote census areas, 11.25 for rural census areas and 0 for urban census areas. These weights are then applied to the census area's total senior population 60 and older.

Process

A multi-step process is used to apply the weight factors of the funding formula to the census areas and regions. The first step in applying the weight factors is to update the demographics data in the formula using the Alaska Department of Labor and Workforce Development Population Estimates (for population and ethnicity) and the American Community Survey 5-Year Estimates (for income). Then the

¹ <https://www.census.gov/programs-surveys/metro-micro.html>

census area demographic data associated with each factor is totaled for the region. These region totals are then multiplied by each weight factor. These five numbers are totaled for that region and divided by the weighted state total to determine a percent that is used to allocate state general funds to that region.

Fixed historic percentages are used to allocate the federal funds and then these two sources of funding are summed together to yield a total funding allocation for each region.

Changes to the Funding Formula for FY 2020 - 2023

The data source for the poverty factor is changed to the American Community Survey Five-Year Estimate from previous plans in which participation in the Alaska's Senior Benefits Program was used as the measure of poverty in this State Plan. The program, which provides a small monthly cash benefit, is available to any Alaskan age 65 and over with an income up to 175 percent of the Alaska poverty level. However, the Advisory Committee decided given the unpredictability of funding and the voluntary nature of the program, the American Community Survey would be a more accurate data source. Additionally, the Advisory Subcommittee decided that Kodiak Island Borough should be categorized as rural, rather than remote. In the FY 2017-2019 period, it was categorized as remote.

Anticipated Changes to the Funding Formula

The State Plan Funding Formula Subcommittee for FY2020-2023 decided to revisit the funding formula following the release of the 2020 Census. In particular, the subcommittee discussed whether the use of the OMB's metropolitan, micropolitan, and neither to define urban, rural and remote Alaska was accurate for census areas such as the Fairbanks North Star Borough and the Matanuska-Susitna Borough that include both urban and rural characteristics. However, the subcommittee decided that waiting until after the 2020 Census would allow for the use of the most accurate data and a more thorough public process.

In addition in 2020, the Administration for Community Living will provide guidance on defining "rural" using the Rural-Urban Commuting Area Codes (RUCA) codes for service reporting purposes. The advisory committee decided not to update the current definition of rural in this planning cycle and review both RUCA codes and 2020 Census data for the next planning cycle.²

Expected Impacts on Service Delivery

The State Plan Advisory Committee anticipates that this methodology will result in a more responsive intrastate funding formula that will direct the limited funding available to Alaska seniors with the greatest economic and social need. The urban-rural-remote reclassification, for example, targets funding to provide enhanced compensation to communities where the cost for providing services is the highest and access to services is the most challenging due to a limited number of providers. Alaska's senior population is growing at an annual rate of more than six percent. The growth of the oldest seniors, age 80 and older, most in need of health care and long-term care, has increased 36 percent over the last eight years. This trend is expected to continue over the next 25 years. A growing number of seniors living in poverty is evidenced by the increasing numbers of seniors receiving Senior Benefits, Adult Public Assistance, heating assistance, and food stamps. The funding formula will strategically target the limited resources to serve the most vulnerable older Alaskans in order to protect their health and safety, promote their dignity and ability to age in place, and reduce the utilization of more expensive health and long-term care services.

² <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes.aspx>

Figure 28: Funding Formula

3.15.19 data	60+ 2017	80+ 2017	Min 2017	Pov 2017	Rural	State General Fund (5-Factor)		Base Allocation of Federal Funding		Total
Weight Factors	12.5	25	12.5	27.5	22.5	\$2,364,691		\$4,770,743		\$7,135,434
						less Reg10	\$2,228,957.74		\$4,496,902.35	
Bethel Census Area	2,133	220	1,783		2,133					
Kusilvak Census Area	761	91	711		761					
Region 1 Total	2,894	311	2,494	484	2,894	4.6%	\$102,782.15	4.87%	\$218,999.14	\$321,781.29
Denali Borough	383	36	63		383					
Fairbanks North Star B	16,135	1,534	2,746		0					
Southeast Fairbanks	1,477	170	278		1,477					
Yukon-Koyukuk	1,165	133	797		1,165					
Region 2 Total	19,160	1,873	3,884	891	3,025	12.8%	\$286,116.58	13.45%	\$604,833.37	\$890,949.95
North Slope	1,096	78	708		1,096					
Region 3 Total	1,096	78	708	32	1,096	1.5%	\$33,495.40	1.74%	\$78,246.10	\$111,741.50
Anchorage	49,066	5,769	13,468		0					
Region 4 Total	49,066	5,769	13,468	2,243	0	29.7%	\$661,060.57	26.35%	\$1,184,933.77	\$1,845,994.34
Kenai Peninsula	14,526	1,547	1,521		7,263					
Valdez-Cordova	1,875	138	435		1,875					
Region 5A Total	16,401	1,685	1,956	984	9,138	15.1%	\$337,532.76	15.15%	\$681,280.71	\$1,018,813.47
Matanuska-Susitna	18,210	1,827	1,975		0					
Region 5B Total	18,210	1,827	1,975	1,118	0	9.9%	\$220,044.50	9.51%	\$427,655.41	\$647,699.91
Aleutian Islands East	396	20	339		396					
Aleutian Islands West	811	27	626		811					
Region 6 Total	1,207	47	965	96	1,207	1.7%	\$38,905.60	0.98%	\$44,069.64	\$82,975.25
Bristol Bay Borough	204	15	105		204					
Dillingham	748	82	587		748					
Kodiak Island	2,271	208	1,013		1,136					
Lake and Peninsula	251	20	172		251					
Region 7 Total	3,474	325	1,877	233	2,339	4.0%	\$89,720.18	7.93%	\$356,604.36	\$446,324.54
Nome Census-Area	1,227	113	941		1,227					
Northwest Arctic	904	119	734		904					
Region 8 Total	2,131	232	1,675	266	2,131	3.3%	\$72,718.96	4.31%	\$193,816.49	\$266,535.45
Haines Borough	779	94	117		779					
Juneau Borough	6,311	644	1,413		3,156					
Ketchikan Borough	3,081	378	828		1,540					
Prince of Wales	1,493	114	621		1,493					
Sitka Borough	1,955	288	562		1,955					
Skagway	242	17	20		242					
Hoonah-Angoon	649	57	265		649					
Petersburg	864	85	126		864					
Wrangell	748	84	150		748					
Yakutat Borough	147	19	89		147					
Region 9 Total	16,269	1,780	4,191	614	11,573	17.3%	\$386,581.03	15.71%	\$706,463.36	\$1,093,044.39
Totals	129,908	13,927	33,193	6,961	33,403	100.00%	\$2,228,957.74	100.00%	\$4,496,902.35	\$6,725,860.09
Region 10 Statewide						Reg 10	\$135,733.26		\$273,840.65	\$409,573.91
							5.74%		5.74%	

Appendix C. Assurances + Required Activities

Assurances + Required Activities

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

Assurances

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall—(A) except as provided in subsection (b)(5), designate for each such area after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area;

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan;

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas), and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals;

(c) An area agency on aging designated under subsection (a) shall be--

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local

government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

Note: STATES MUST ENSURE THAT THE FOLLOWING ASSURANCES (SECTION 306) WILL BE MET BY ITS DESIGNATED AREA AGENCIES ON AGENCIES, OR BY THE STATE IN THE CASE OF SINGLE PLANNING AND SERVICE AREA STATES.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded;

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared --

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals;

and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans;

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals;

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used--

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) . . . Each such plan shall comply with all of the following requirements:...

(3) The plan shall--

(B) with respect to services for older individuals residing in rural areas—

(i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and

accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) the plan contains assurances that area agencies on aging will

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from

sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas);
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order...

Required Activities

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas;

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) . . . Each such plan shall— (6) provide that the area agency on aging will—

(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;

Sec. 307(a) STATE PLANS

(1) The plan shall—

(A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas).

Note: "PERIODIC" (DEFINED IN 45CFR PART 1321.3) MEANS, AT A MINIMUM, ONCE EACH FISCAL YEAR.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals—

(B) the State will not permit involuntary or coerced participation in the program of services described in this paragraph by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential unless all parties to the complaint consent in writing to the release of such information, except that such information may be released to a law enforcement or public protective service agency.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

Signature and Title of Authorized Official

Date

Appendix D. Information Requirements

Information Requirements

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

The State of Alaska assures that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the state plan. In addition to the funding formula weighting factors, which cover low-income, minority, rural, and frail seniors as well as a cost-of-living factor, which considers the higher cost of doing business in remote areas, the Division of Senior & Disabilities Services targets non-English-speaking seniors throughout the state by requiring successful grantees to provide an outreach plan for targeting non-English-speaking seniors in their area. Currently all providers have an outreach plan that includes at least one of the following strategies to reach non-English-speaking seniors in their service areas:

Multi-lingual flyers and information brochures describing offered services

Outreach through tribal organization newsletters

Outreach through various ethnic community centers and/or newsletters

Multi-lingual providers matched with recipients

Innovative outreach to non-English-speaking individuals and groups

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Alaska's state agency on aging will coordinate activities and develop long-range emergency preparedness plans with local and state emergency response agencies, relief organizations, local and state governments and other institutions that have responsibility for disaster relief service delivery.

The Division of Public Health (DPH) is the lead agency within the Alaska Department of Health & Social Services responsible for emergency preparedness, planning, and response. Division staff work closely with the Alaska Department of Military & Veterans' Affairs' Division of Homeland Security and Emergency Management. They routinely conduct

emergency preparedness and planning outreach workshops in communities around the state. They also partner closely with the Alaska Native Tribal Health Consortium.

DPH strives to reach as many special populations as possible in their outreach activities. Workshop topics range from general all-around hazards emergency preparedness to specific disease-related topics such as pandemic influenza or norovirus (a virus which causes acute gastrointestinal distress, often found on cruise ships and in nursing homes and health care facilities). In addition, the State's public health nurses are regular participants in local health fairs statewide where they discuss emergency preparedness, planning and response issues with attendees of all ages.

The Division of Senior & Disabilities Services (DSDS) within the Alaska Department of Health & Social Services requires its major grantees to complete a disaster response plan. Grantees are asked to coordinate with local governments, tribal organizations, and Native health corporations in their efforts to prepare for an emergency or natural disaster. All providers must submit their communities' emergency preparedness plans and outline their role in ensuring the health and safety of seniors in the event of an emergency or natural disaster. In the event of an emergency or natural disaster, grantees would be expected to put their plans into operation, with support from DPH as needed.

The Division of Senior & Disabilities Services Emergency Preparedness Coordinator is located in the Grants Unit of DSDS, within the Department of Health & Social Services (the state unit on aging). This position coordinates with state and local entities to provide information and guidance to senior services providers and seniors on how to prepare for an emergency or natural disaster. Each grantee is required to have an agency board-approved emergency response plan.

The Health Program Manager responsible for administering this program has experience implementing and coordinating public health programs. This position is also responsible for increasing older adults' access to health promotion and disease prevention programming.

The DSDS Emergency Preparedness Coordinator position includes the following duties:

- Ensure that senior services grantees (NTS, SIH, Adult Day, and Family Caregiver) are coordinating with their local emergency preparedness planners to provide for the safety of vulnerable seniors
- Identify a contact person in each grantee agency who will directly communicate information about the safety and needs of seniors to DSDS in the event of an emergency or natural disaster
- Communicate directly with the Administration on Community Living/Administration on Aging regarding local emergency response in the event of an emergency or natural disaster
- Coordinate with Public Health and other State agencies in the development of a statewide emergency preparedness planning process to ensure the safety of vulnerable adults.

The Emergency Preparedness Coordinator participates in the Alaska Disability Advisory Group (ADAG) is an Emergency Preparedness (EP) workgroup to address the functional and access needs of Alaskans with Disabilities during an emergency. This group consists of 35 partners/agencies including Red Cross of Alaska, FEMA region 10, State of Alaska Emergency Management, Independent Living Centers, and multiple disability agencies. There are monthly meetings to discuss address the functional and access needs of Alaskans with Disabilities during an emergency and is advisory to the SEOC during a declared disaster. Additional goals of the ADAG include: Integrate into the EOP, local EOPs, and SCERPs the inclusion of people with disabilities and Elders, create a communications plan, response group that attends to drills and scenarios (representing ADAG), and outreach efforts.

Section 307(a)(2)

The plan shall provide that the State agency will --...

(C) *specify a minimum proportion* of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). *(Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)*

Alaska's state agency on aging assures that an adequate proportion of the amount allotted for part B will be expended for the delivery of (A) access to services, (B) in-home services, and (C) legal assistance. The State's distribution of Title III(B) funds will include no less than the following percentages dedicated to these categories, based upon past performance and utilization:

(A) Access to Services: 50%

(B) In-Home Services: 5%

(C) Legal Assistance: 5%

Rationale: Alaska's transportation costs are among the highest in the nation because of its high fuel prices, limited infrastructure, and distances between populations and town centers. In light of this and with the additional funding for in-home services provided by State funds, the State of Alaska has chosen to allocate at least 50% of Title III funds to alleviate transportation costs and assist seniors by providing affordable, accessible transportation to services. Currently in-home services, including case management, respite, and chore, are provided to seniors through State funding. The 5% allotted to in-home services is allocated to provide homemaker services, which are not provided by other senior in-home services. Legal services are provided statewide.

Section 307(a)(3)

The plan shall--

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000;

(ii) identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and

(iii) describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.

Alaska's State Agency on Aging assures that the state agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000.

Funding Source	2019	2020	2021	2022	2023
Title III	\$ 3,628,881	\$ 3,665,170	\$ 3,701,822	\$ 3,738,840	\$ 3,776,228
State General Funds	\$ 4,046,177	\$ 4,086,639	\$ 4,127,505	\$ 4,168,780	\$ 4,210,468
Other	\$ 50,000	\$ 50,500	\$ 51,005	\$ 51,515	\$ 52,030
Total	\$ 7,725,058	\$ 7,802,309	\$ 7,880,332	\$ 7,959,135	\$ 8,038,726

The intra-state funding formula and percentage allocation to each region are detailed in the funding formula section of this plan (Appendix B). Current year (FY 2019) estimated costs of providing grant-funded long-term care services including all Title III grants, Adult Day, Aging and Disability Resource Centers, and Senior In-Home, for seniors in rural Alaska are as follows:

Title III –\$3,628,881

State's Contribution – \$4,046,177

Other Sources – \$50,000

Total -\$7,725,058

In FY 2019, the fiscal year preceding the first year to which this state plan applies, rural and partially rural regions were funded as described above. Funds were provided to non-profit agency grantees in each region for the provision of Older Americans Act programs and other services. A Rural Long-Term Services and Support Coordinator (RLTSSC), to be housed within the Commission on Aging and managed by the Division of Senior & Disabilities Services, will work with rural communities throughout the state to assist in the development of community-based long-term care services for seniors. This position provides a link to rural communities so that they can develop services needed to allow their elders to age in place. By meeting with community members and service providers, the RLTSSC Coordinator assesses elder care needs in a community and works with available State, federal and local resources to meet those needs. In addition to assisting with the development of local services, the RLTSS Coordinator will provide information to the State that is valuable in statewide services delivery efforts.

The Division of Senior & Disabilities Services grants staff conducts outreach to providers during their site visits to educate communities on Older Americans Act services offered and to assess unmet needs in each community.

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

The State of Alaska assures that the special needs of older individuals residing in rural areas are taken into consideration in allocating resources for senior services. In addition to following the State funding formula, which provides for a rural factor as well as a cost-of-living (COLA) factor by region (with higher COLA factors generally assigned to the more remote areas of the state), the Division of Senior & Disabilities Services coordinates with rural providers, including the Alaska Native health corporations, rural nonprofit organizations, city and borough governments, and other State agencies to ensure service delivery in rural areas. Multi-lingual outreach to rural areas is conducted through health fairs, public service announcements, and training programs, as well as through popular media such as the Senior Voice (statewide senior newspaper) and the Mukluk Telegraph (bi-monthly newsletter of the Alaska Native Tribal Health Consortium).

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low-income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

The State of Alaska assures services meet the needs of low-income minority older individuals by requiring grantee providers target services to the most vulnerable seniors. Grantees are required to submit an outreach plan and are measured on the % served within the target population of low income, minority, with limited English proficiency. Grantees report this in SAMS through client characteristics and it is a performance measure in our State Program report. Grantees report on the number of clients served in each category by % of Minority, Rural, and below poverty. They also report the number served with 3+ ADL needs and at high nutrition risk. Each year Alaska's performance is measured against the previous year. For example, in 2018 of the 11,244 registered clients 35.74% were minority, 75.44% were rural, 41.91% were below poverty. 1040 had 3+ ADL needs, and 3031 had high nutrition risk.

Section 307(a)(21)

The plan shall --

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by

the agency, including programs and benefits provided under this title, if applicable, *and specify the ways in which the State agency intends to implement the activities.*

The State of Alaska assures that the state agency on aging will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (Title III), if applicable. Specific outreach to Native American elders through coordination with Title VI programs is happening throughout the state. For example, Southeast Senior Services combines Title III and Title VI funds to provide meals and rides throughout the Southeast region. North Slope Borough combines funds to provide meals and rides for participants in Alaska's far northern region. Bristol Bay Native Association combines funds to provide meals for participants in their area. In total, 12 of Alaska's 44 Title VI agencies collaborate with or receive Title III funds from the State of Alaska. Other outreach examples include coordination with the University of Alaska's Native Resource Center, outreach through the Senior Voice (statewide senior newspaper), coordination with individual Alaska Native regional health corporations and the Alaska Native Tribal Health Consortium, serving traditional foods in many meal programs, having multi-lingual providers, and utilizing multi-lingual media, translators, and presenters to Alaska Native providers.

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

Things that can be addressed: Challenges accessing health care, cost of health care, limited physicians who accept Medicare, workforce, housing, growth of Medicaid and how reductions will affect home and community-based services providers, increasing support for caregivers to help meet the needs of the growing senior population.

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive services.

The State of Alaska addresses this section as part of the planning process for updating the State Plan for Senior Services. The context section of this plan includes quantitative data about the current and anticipated number of seniors in Alaska and the planning regions. The needs assessment gathered qualitative data from seniors and providers about current and anticipated future needs. The context section also includes a summary of the key issues for seniors in Alaska.

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

See previous response to section 306(a)(17)!

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

The Division of Public Health, within the Alaska Department of Health & Social Services (the state unit on aging), is the state unit on aging's lead agency with respect to emergency preparedness, working closely with the Alaska Division of Homeland Security and Emergency Management as well as with local community emergency planners. The Emergency Preparedness Coordinator within the Division of Senior & Disabilities Services focuses specifically on assisting senior centers and other grantees to coordinate with their local emergency planners in order to ensure that the community plans for the needs of seniors and other vulnerable adults in the event of a natural disaster or other emergency.

Section 705(a) Eligibility --

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

The State agency assures that this title will be carried out in accordance with the assurance described in paragraphs (1) through (6).

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State

law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for-

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

See previous response to section 705(a)(1) through (6).

Signature and Title of Authorized Official

Date

Appendix E: Demographics

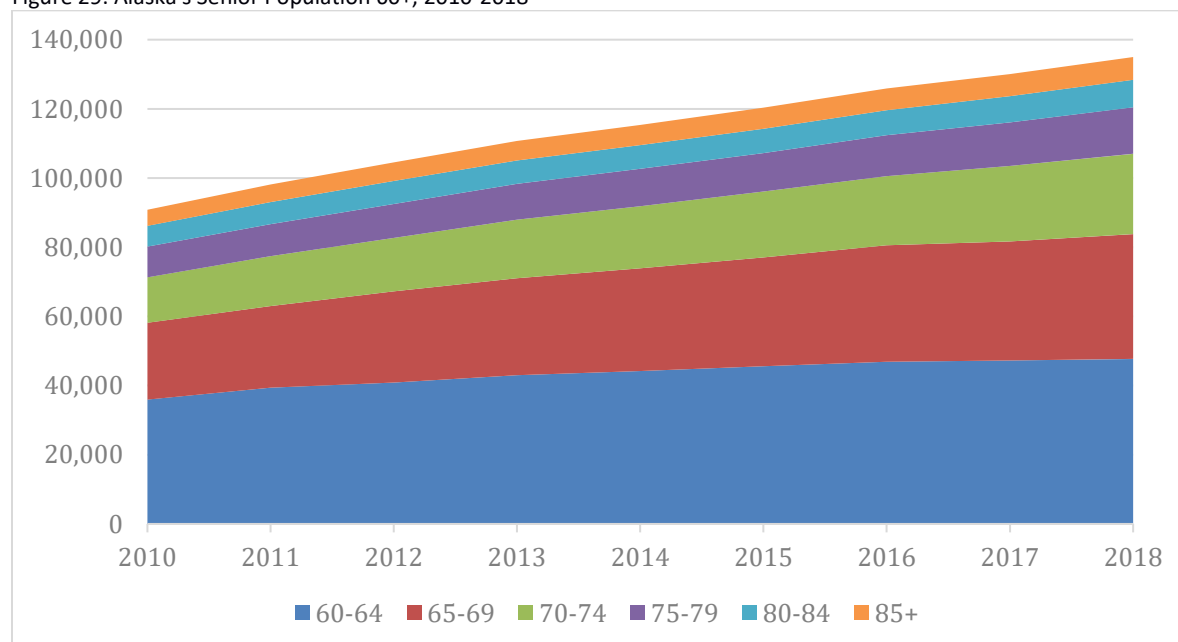
This appendix provides additional detail to the demographics summary provided in the context chapter of the main body of the plan.

Population Growth

Asked to identify the state with the fastest-growing senior population, most Americans would think of Florida, Nevada, or Arizona. Few would imagine that Alaska, land of frozen tundra and long winters where the sun is not seen for months in parts of the state, leads the nation in senior population growth. The Administration on Aging's "A Profile of Older Americans: 2017" identified a 65.5 percent increase in Alaska's population 65 and older from 2006 to 2016. This was the top growth rate in the United States and twice the national growth rate of 32.5 percent. The average annual growth rate for Alaska's 60 and older population between 2010 and 2018 was six percent (Figure 29). Alaska's senior population 60 and older reached an estimated 134,983 in 2018, representing 18.2 percent of the state's total population. Of Alaska's senior population, 14,514 individuals are 80 years of age or older.³

The rapid expansion of Alaska's senior population lies in the events of the 1970s: the construction of the Trans-Alaska Pipeline and the economic boom that oil development brought about, drawing thousands of young people to the state for newly-created jobs in every sector. Those young people established homes and families and grew extremely fond of Alaska's lifestyle. Many of them stayed on for their entire working lives and are now choosing to retire in the state as well (representing a shift in a long-term pattern where most seniors left the state upon retirement). Senior population growth is also fueled by the aging of the baby boomer generation.

Figure 29: Alaska's Senior Population 60+, 2010-2018

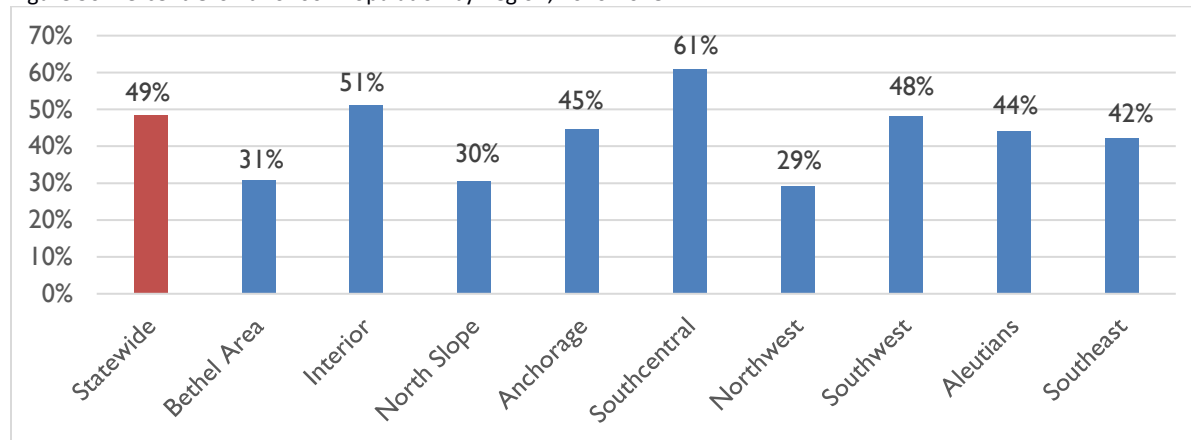


Source: Alaska Department of Labor and Workforce Development Population Estimates, 2010-2018

³ Alaska Department of Labor and Workforce Development Population Estimates, 2018.

The rate of growth in the 60 and older population is not uniform across the state. The statewide growth rate was 49 percent between 2010 and 2018 with more growth seen in Interior Alaska (51 percent) and Southcentral Alaska (61 percent) and less growth seen in the rural regions of the Yukon-Kuskokwim Delta, North Slope and Northwestern Alaska.⁴

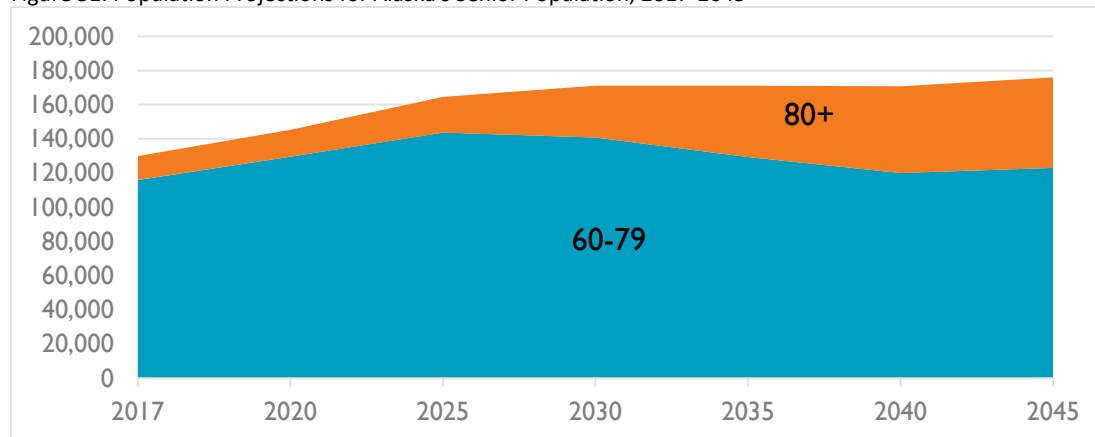
Figure 30: Percent Growth of 60+ Population by Region, 2010-2018



Source: Alaska Commission on Aging, Senior Snapshot FY2018

Alaska's senior population 60 and older is expected to increase significantly until 2030, while the number of seniors 80 and older continues to grow through 2045 (Figure 31).⁵ Planning for greater capacity and infrastructure across the spectrum of senior services, including home- and community-based services and long-term care, is especially significant for the 80 and older segment of the population who typically require more supports than younger seniors. Figure 32 shows growth of the senior population relative to growth in other age groups between 2017 and 2045. The number of seniors in the state is expected to surpass the number of young people age 15 to 24 in 2020.⁶

Figure 31: Population Projections for Alaska's Senior Population, 2017-2045



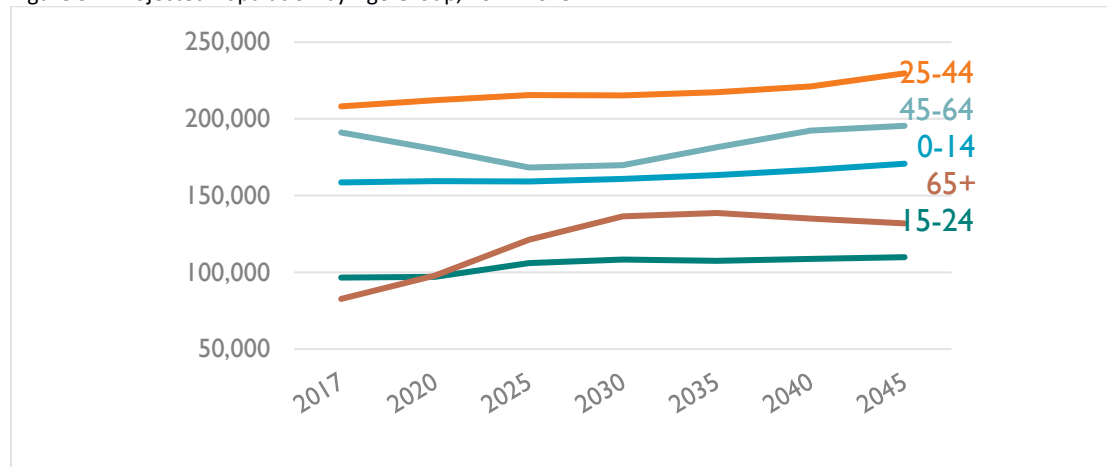
Source: Alaska Department of Labor and Workforce Development Population Estimates, 2017.

⁴ Alaska Department of Labor and Workforce Development Population Estimates, 2010-2018.

⁵ Alaska Department of Labor and Workforce Development Population Projections, 2017-2045.

⁶ Alaska Department of Labor and Workforce Development Population Projections, 2017-2045.

Figure 32: Projected Population by Age Group, 2017-2045



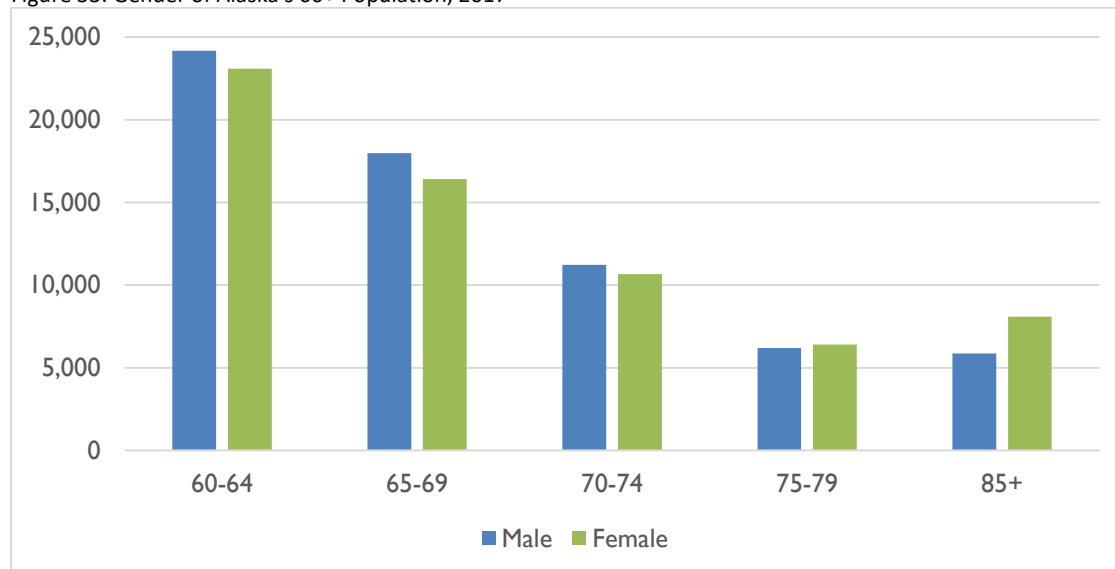
Source: Alaska Department of Labor and Workforce Development Population Projections, 2017-2045.

Senior Characteristics

Gender

Alaska's 60 and older population is almost evenly divided between men and women, although men predominate in the 60 to 64 and 65 to 74 age groups and women in the 75 and older age groups.⁷

Figure 33: Gender of Alaska's 60+ Population, 2017



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2017.

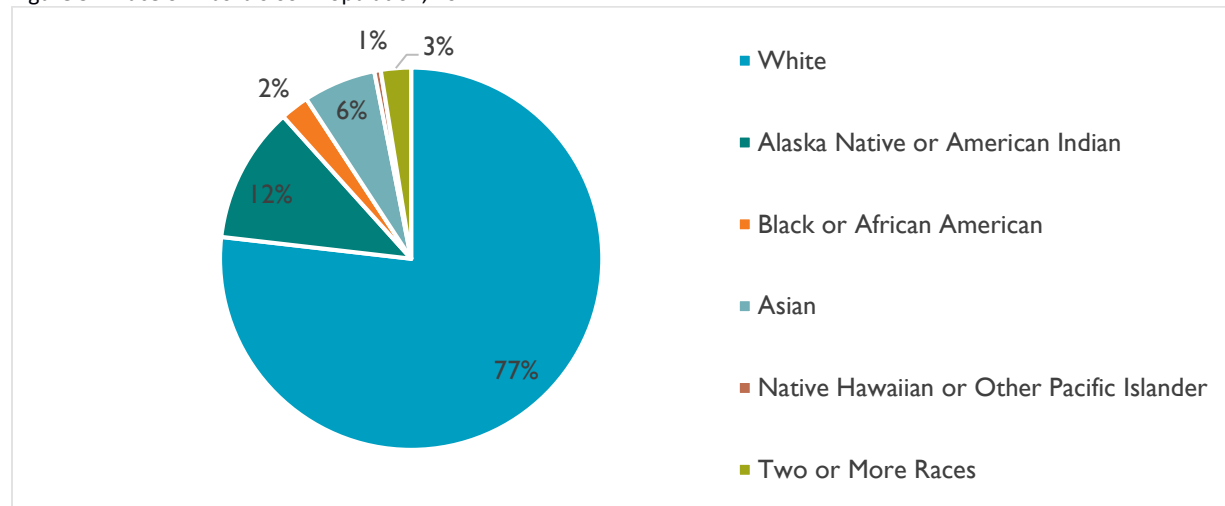
Race

White seniors are over-represented compared to the total population, while other races are slightly under-represented. For example, 77 percent of seniors 60 and older are white, while only 66 percent of the total population is white. Meanwhile, only 12 percent of seniors are Alaska Native although 15 percent of the state's total population is Alaska Native. African-Americans are also under-represented in the senior population. Seven percent of the total population identify as two or more races, while just

⁷ Alaska Department of Labor and Workforce Development Population Estimates, 2017.

three percent of the senior population are two or more races. Three percent of seniors of any race are of Hispanic origin, compared to seven percent of the total population.⁸

Figure 34: Race of Alaska's 60+ Population, 2017



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2017; U.S. Census Bureau.

Migration

National demographic trends reflect changes in settlement patterns as the population ages. Seniors tend to be attracted to places with warm climates, low taxes, cultural opportunities, and other amenities. University towns as well as much of the West and South are hotspots for seniors.

The net migration rate for Alaska seniors has traditionally been negative, with many older individuals leaving the state soon after retirement. This pattern is changing as a growing number of older Alaskans choose to remain in the state as they age, in part because of improved systems of care and support as well as to remain close to family, friends, and ways of life.

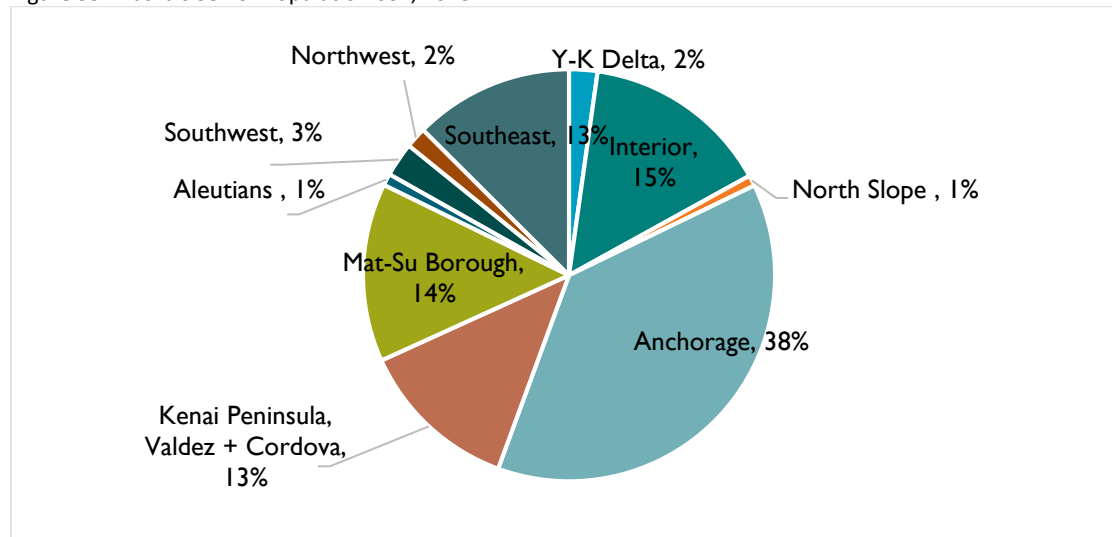
Geography

Alaska's seniors age 60 and older live primarily in the state's most populated regions – Anchorage, the Interior (which includes Fairbanks and surround areas) and the Matanuska-Susitna Borough.⁹ A slightly larger percentage of seniors 80 and older live in Anchorage, but the percentage of seniors by region remains mostly constant between older and younger seniors, possibly indicating a desire by seniors to remain close to family and community as they age.

⁸ Alaska Department of Labor and Workforce Development Population Estimates, 2017; U.S. Census Bureau.

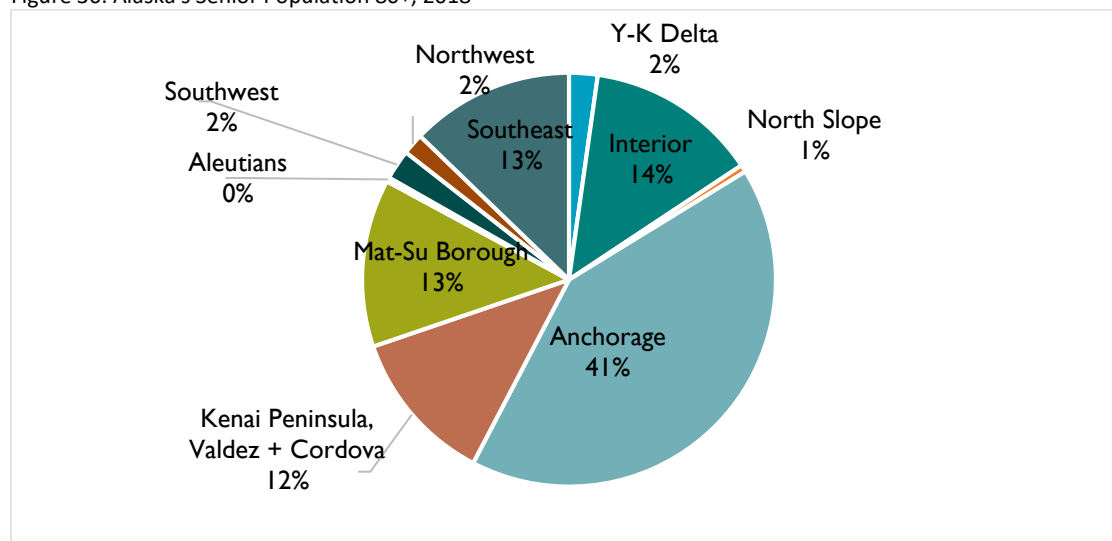
⁹ Alaska Department of Labor and Workforce Development Population Estimates, 2018.

Figure 35: Alaska's Senior Population 60+, 2018



Source: Alaska Department of Labor and Workforce Development Population Estimates, 2018.

Figure 36: Alaska's Senior Population 80+, 2018



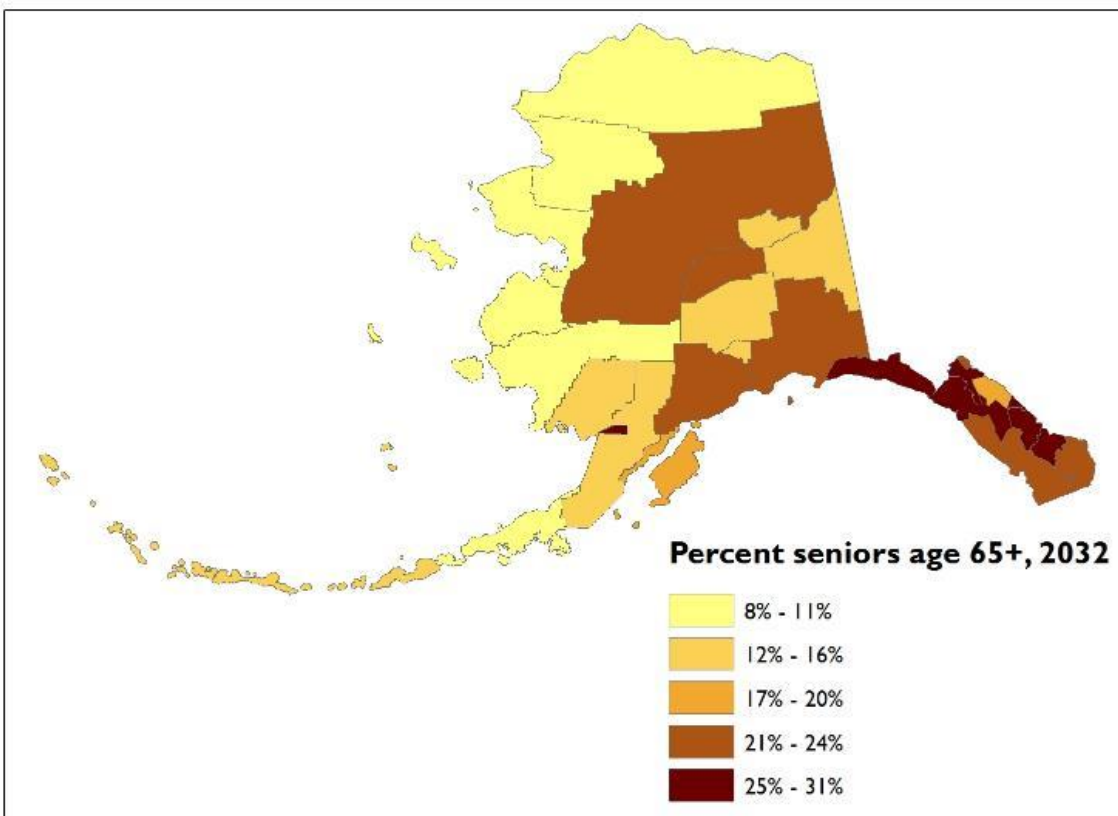
Source: Alaska Department of Labor and Workforce Development Population Estimates, 2018.

The relative percentage of seniors varies by region. Statewide, seniors make up 18 percent of the population, but in the Kenai Peninsula, Valdez and Cordova region seniors make up 24 percent of the population and in Southeast Alaska seniors comprise 22 percent of the population. In the rural northern and western regions of the state (Yukon-Kuskokwim Delta, North Slope and Northwest), seniors comprise just 11 to 12 percent of the population.¹⁰ Population projections from 2014 show that these regional trends will likely hold moving forward, with more seniors living in Southeast Alaska and fewer living in northern and southwestern Alaska (Figure 37).¹¹

¹⁰ Alaska Department of Labor and Workforce Development Population Estimates, 2017.

¹¹ Alaska Department of Labor and Workforce Development Population Projections, 2012-2042.

Figure 37: Projected percent of seniors 65+ by Region, 2032



Source: Alaska Department of Labor and Workforce Development Population Projections, 2012-2042. Published 2014.

Income and Benefits

Income

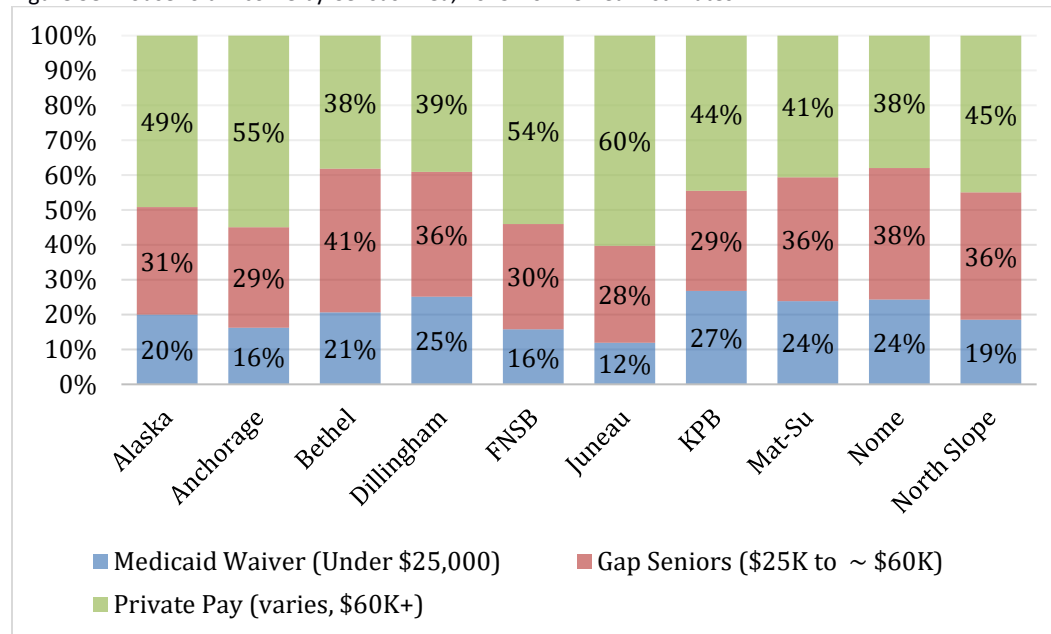
The American Community Survey provides household income estimates by age group. These estimates were used to identify the percentage of Alaska seniors who fall within one of three possible payer categories:

1. Income eligible Medicaid Waiver, those with annual household incomes less than \$24,999;
2. Gap seniors, those with annual household incomes between \$25,000 and \$59,999; and,
3. Private pay, those with annual household incomes of more than \$60,000.

Gap seniors are those with incomes that likely exceed the Medicaid Waiver income limit but are not sufficient to pay privately for assisted living. In Alaska, private pay seniors are estimated to make up the largest proportion of the senior population. The Kenai Peninsula Borough has the highest percentage of Medicaid Waiver seniors at 27 percent, Bethel has the highest number of gap seniors, and Anchorage, the Fairbanks North Star Borough, and Juneau all have higher numbers of private pay seniors than the state average.¹²

¹² American Community Survey 2013-2017, 5 Year Estimates.

Figure 38: Household Income by Census Area, 2013-2017 5 Year Estimates



Source: American Community Survey 2013-2017, 5 Year Estimates.

Insurance

Most Alaskans over age 65 have health coverage. Sixty-eight percent have Medicare, but just 21 percent are covered only by Medicare.¹³

Table 1: Insurance Coverage, Age 65+

Coverage Type	Alaska
No Coverage	2%
Medicare Only	21%
Medicaid	10%
Private insurance	41%
VA/TriCare Military Only	0%
Medicare	68%

Source: 2013-2017 American Community Survey 5-Year Estimates

Health

Alzheimer's Disease and Related Dementias

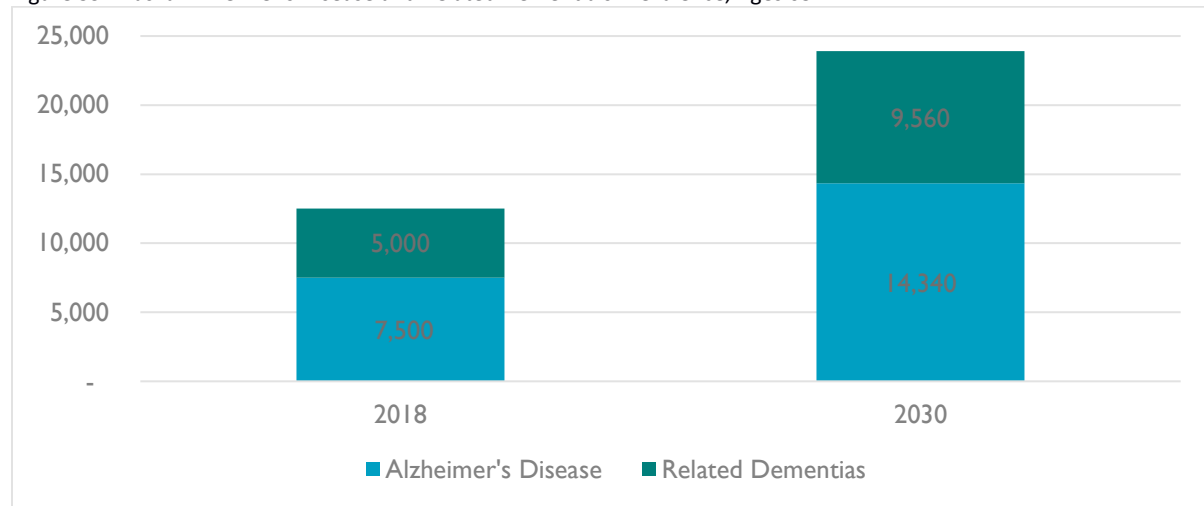
Alzheimer's Disease and Related Dementias (ADRD) are estimated to affect 12,500 Alaskans over the age of 65. It is estimated that by 2030 the number of seniors with ADRD in the state will almost double, affecting 23,900 seniors.¹⁴ Rates of Alzheimer's Disease increase with age. Younger seniors, those 65 to

¹³ American Community Survey 2013-2017, 5 Year Estimates

¹⁴ Alaska Alzheimer's Statistics, 2018; Alaska Department of Labor and Workforce Development, 2018; aging.net;

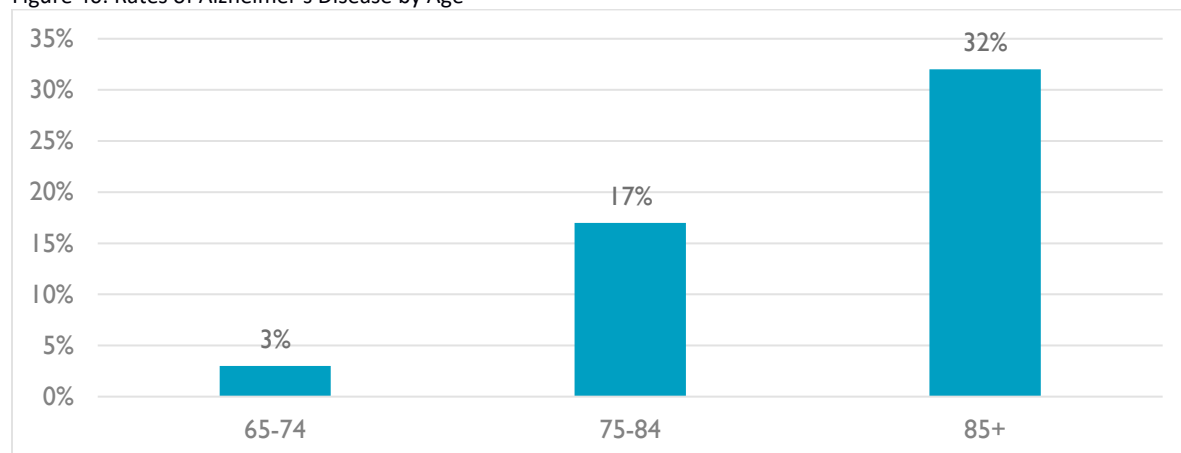
74, have just a three percent rate of Alzheimer's Disease while the oldest seniors, those over 85, have a 32 percent chance of Alzheimer's Disease.¹⁵

Figure 39: Alaska Alzheimer's Disease and Related Dementia's Prevalence, Ages 65+



Source: Alzheimer's Association, 2018 Alaska Alzheimer's Statistics, AK Department of Labor and Workforce Development, Aging.com, Agnew::Beck analysis

Figure 40: Rates of Alzheimer's Disease by Age

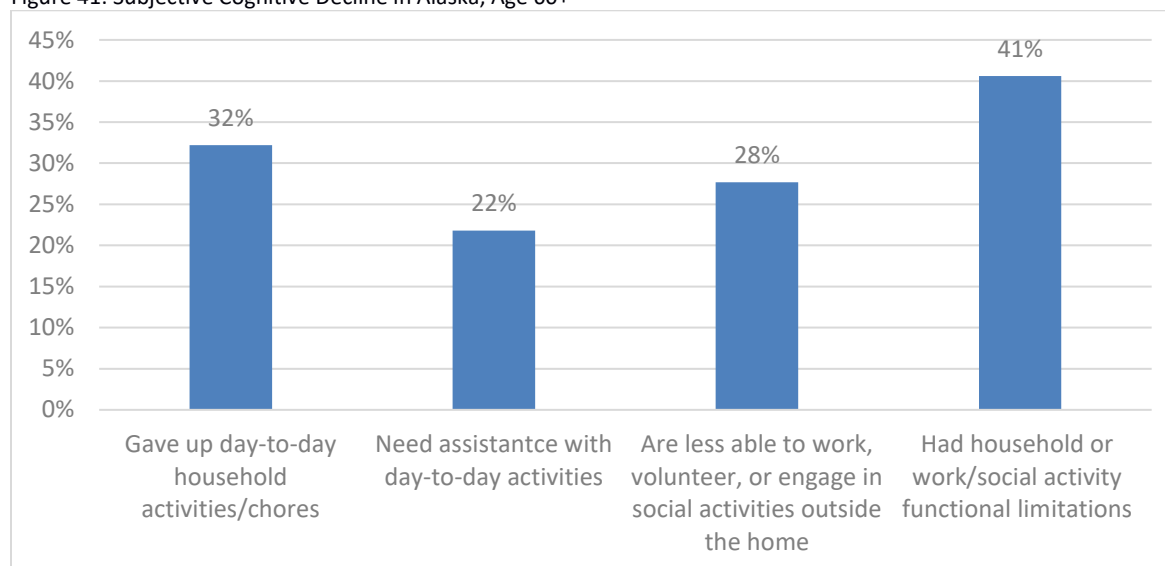


Source: Alzheimer's Association, 2019 Alzheimer's Statistics Facts and Figures Report. Projections. Note: Estimates do not include the related dementia that is not considered Alzheimer's.

The 2016 Alaska Behavioral Risk Factor Surveillance Survey (BRFSS) contained a module about cognitive decline. When asked about their cognitive decline, people 60 and older who self-identified as experiencing cognitive decline noted impacts on their ability to perform day-to-day activities both in and out of the home. Forty-one percent identified they had household, work or social functional activity limitations related to their cognitive decline.

¹⁵ Alzheimer's Association, 2019 Alzheimer's Statistics Facts and Figures Report. Projections. Note: Estimates do not include the related dementia that is not considered Alzheimer's.

Figure 41: Subjective Cognitive Decline in Alaska, Age 60+



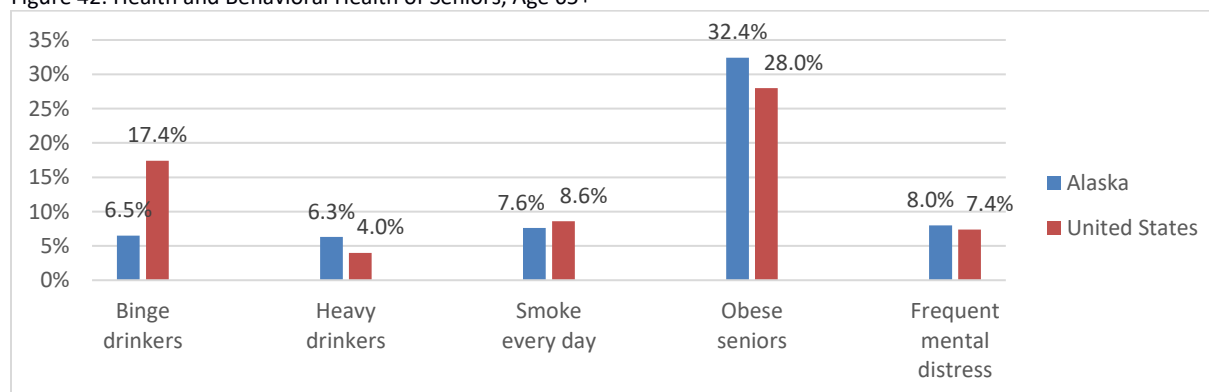
Source: Behavioral Risk Factor Surveillance System – Cognitive Decline Module, 2016

Medicare and Medicaid beneficiaries with Alzheimer’s or other dementias are significant utilizers of healthcare services. In 2015 there were 1,398 emergency department visits for every 1,000 Medicare beneficiaries with ADRD in Alaska. Eighteen percent of hospital stays were followed by readmission within 30 days for this population. In 2016, 14 percent of Alaskan Medicare beneficiaries admitted to hospice had a primary diagnosis of dementia. Total Medicaid payments for Alaskans with ADRD were 71 million dollars in 2019, a number that is projected to grow to 109 million dollars by 2025.¹⁶

Health + Behavioral Health

Alaska 2017 BRFSS data provides insight into the health of the 65 and older population in Alaska. Rates of binge drinking (five or more drinks on an occasion for men or four or more drinks on occasion for women) and daily smoking are lower in Alaska for this age bracket than the United States population as a whole. However, rates of heavy drinking (two or more drinks per day for men or one or more drinks per day for women), obesity and frequent mental distress are higher in Alaska. Seniors reporting frequent mental distress are those who say they are limited in their activities because of physical, mental or emotional conditions.

Figure 42: Health and Behavioral Health of Seniors, Age 65+

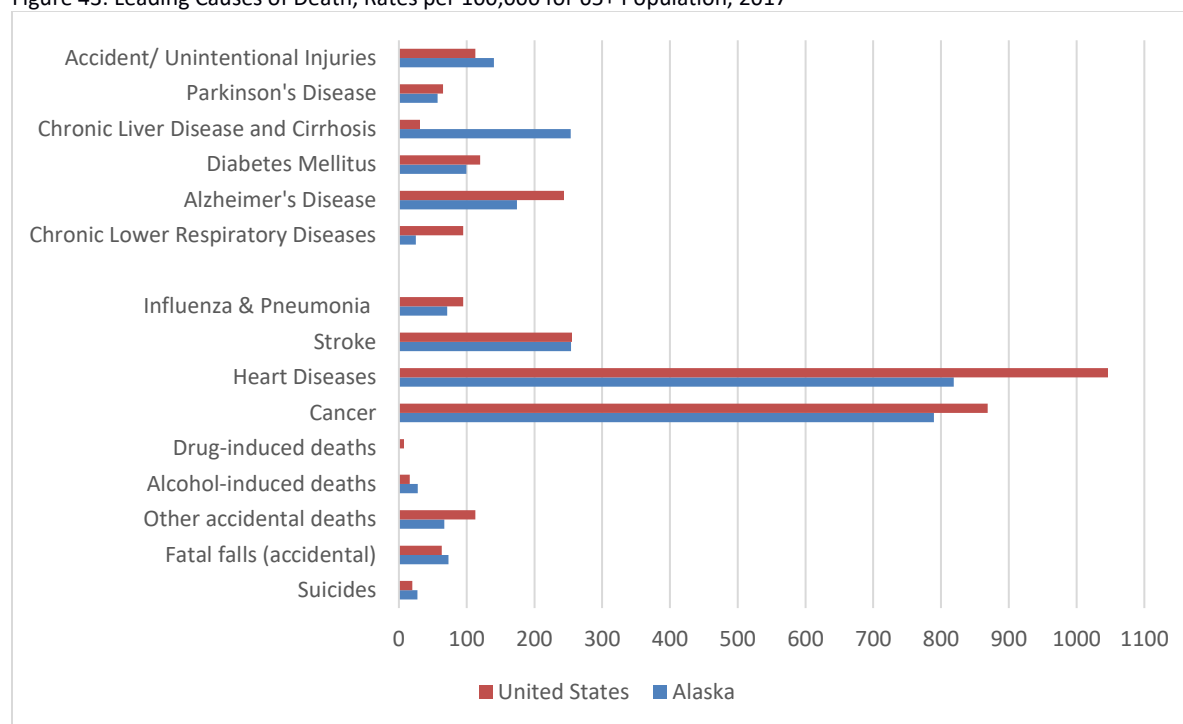


Source: Behavioral Risk Factor Surveillance System, 2017.

¹⁶ Alzheimer’s Association. 2019 Alzheimer’s Disease Facts and Figures. Alzheimer’s Dement: 2019;15(3):321-87.

The leading causes of death for individuals 65 and older per 100,000 population, both in Alaska and in the United States as a whole, are heart disease, cancer and stroke. While Alaska sees fewer fatalities due to cancer, heart disease and Alzheimer's Disease, there are more senior deaths per 100,000 for accidents/unintentional injuries, chronic liver disease and cirrhosis, alcohol induced deaths, fatal falls and suicides (Figure 43).

Figure 43: Leading Causes of Death, Rates per 100,000 for 65+ Population, 2017



Source: Alaska Bureau of Health Analytics & Vital Records via email, 11/15/2018 as reported in the ACOA 2018 Senior Snapshot.

Caregiving

An estimated 85,000 Alaskans provide care to a family member or friend to help them age in place. These unpaid services have an estimated worth of 1.2 billion dollars per year.¹⁷ It is estimated that 33,000 Alaskans provide 38 million hours of care each year to a family member or friend with ADRD. The value of this unpaid care is estimated at 479 million dollars per year.¹⁸

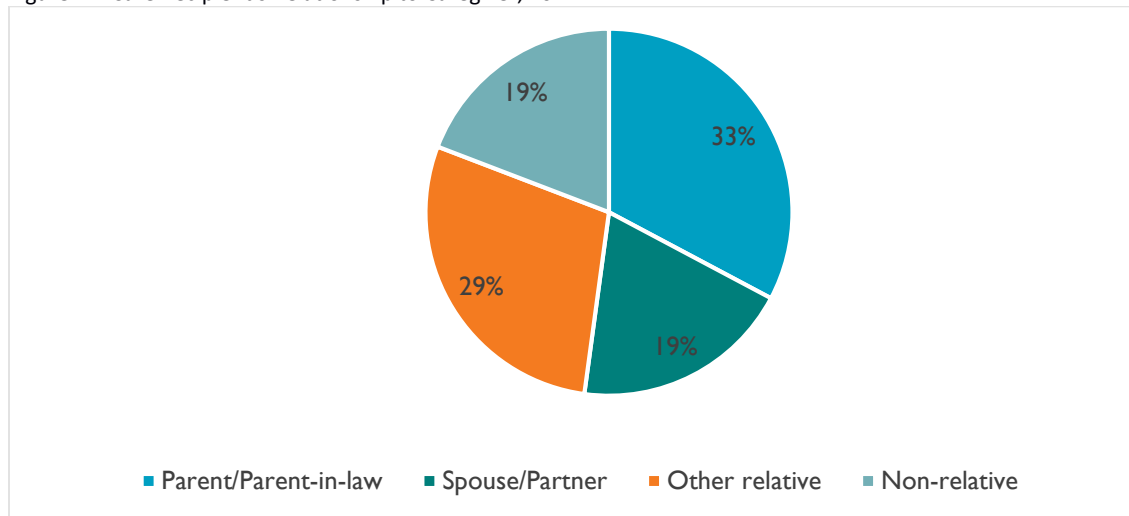
Most caregivers in Alaska provide care for a family member. Just over five percent of caregivers provide care for someone with dementia and 15 percent of people who are not currently caregivers expect to provide care to someone due to a health problem or disability within the next two years.¹⁹

¹⁷ AARP Alaska (2016) <https://states.aarp.org/ak-caregiving-tele-town-hall/>

¹⁸ Alzheimer's Association. 2019 Alzheimer's Disease Facts and Figures. Alzheimer's Dement: 2019;15(3):321-87.

¹⁹ Alaska Behavior Risk Factor Surveillance System – Caregiver Module, 2017.

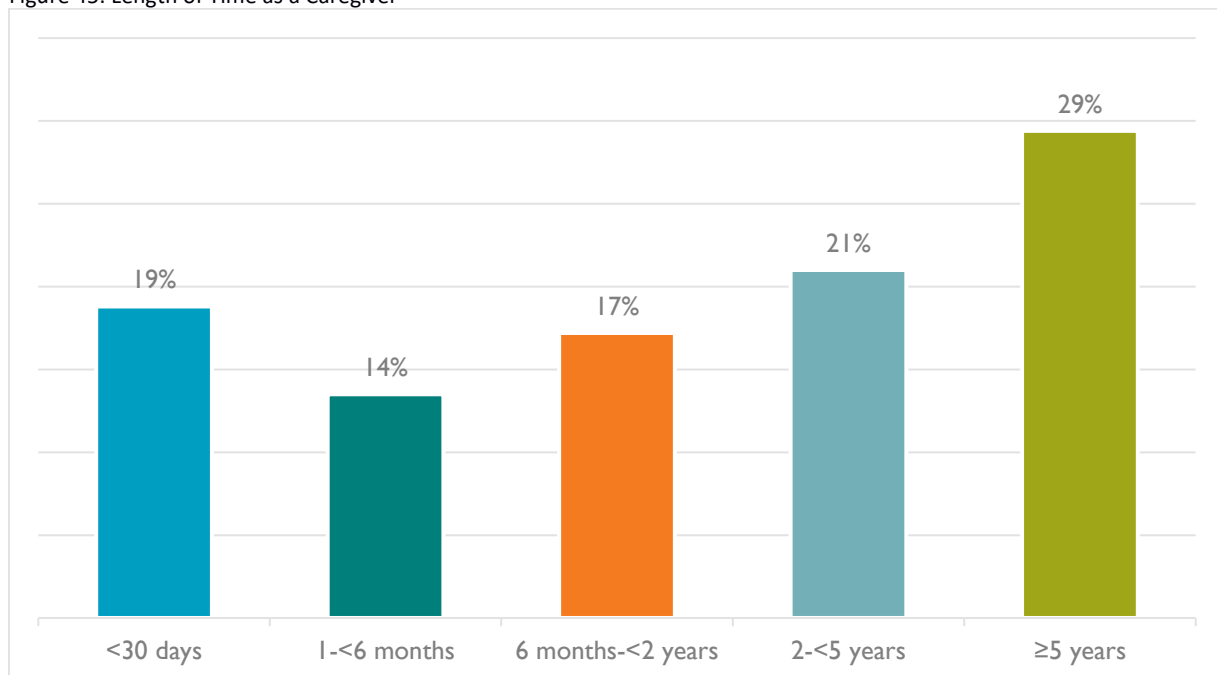
Figure 44: Care Recipient's Relationship to Caregiver, 2017



Source: Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

Eighty-three percent of caregivers assist with household tasks and 54 percent help with managing personal tasks. Over half of caregivers provide zero to eight hours of caregiving per week, while 20 percent report providing 40 or more hours. Many caregivers (39 percent) have been caregiving for over five years, while 19 percent have been caregiving for 30 days or less.²⁰

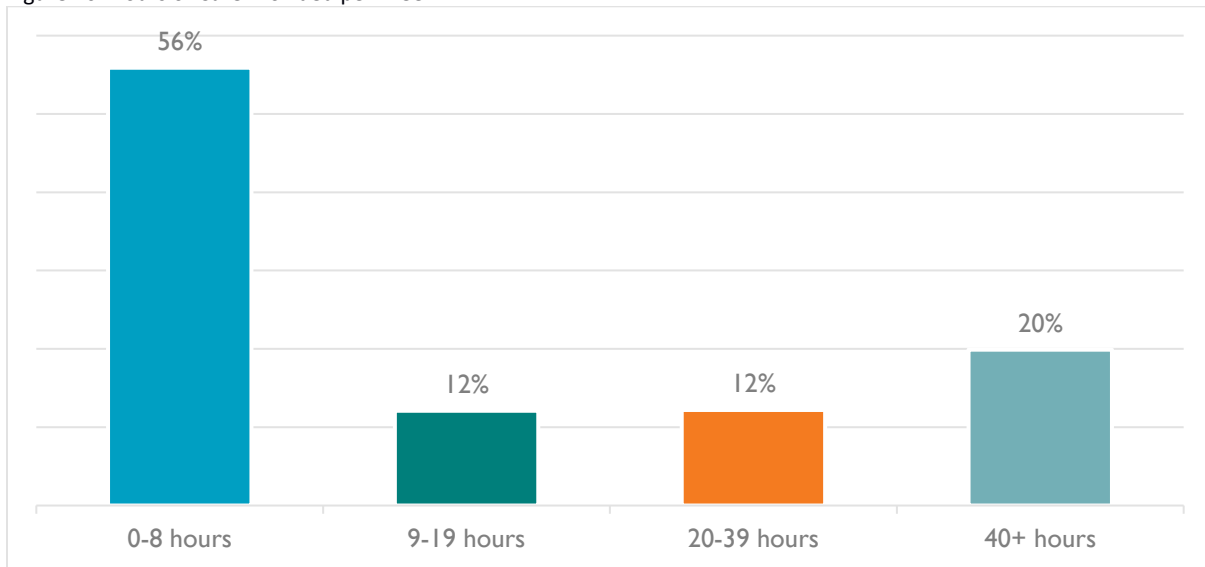
Figure 45: Length of Time as a Caregiver



Source: Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

²⁰ Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

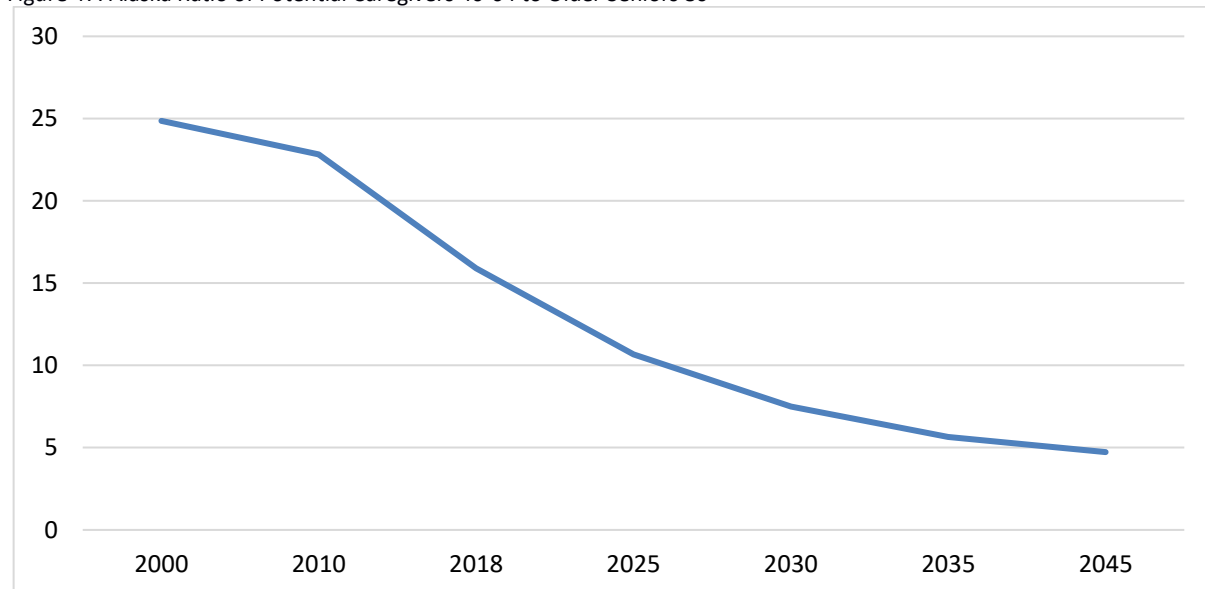
Figure 46: Hours of Care Provided per Week



Source: Behavioral Risk Factor Surveillance System – Caregiver Module, 2017

As the number of seniors in Alaska rises, the availability of potential caregivers declines. In 2018 there were 15.9 potential caregivers aged 40 to 64 for every senior over 80. By 2030, this will decrease to just 7 potential caregivers for each senior over age 80. Nationwide, in 2018, the ratio of potential caregivers to seniors was 8.6 to 1.

Figure 47: Alaska Ratio of Potential Caregivers 40-64 to Older Seniors 80+

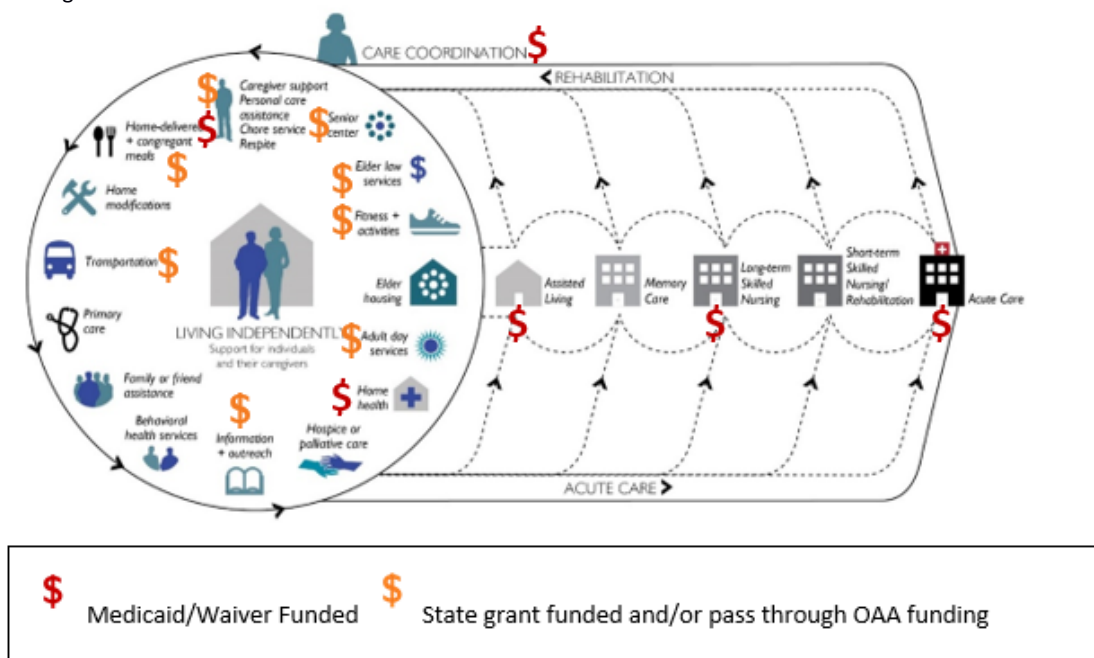


Source: 2018 Alaska Department of Labor and Workforce Development Population Estimates; U.S. Census Bureau

Program Utilization

The State of Alaska plays a significant role in funding services across the continuum of care. The graphic below identifies different services offered along the continuum of senior services from programs that help seniors live independently to acute care. Red dollar signs denote Medicaid/Waiver funded services and yellow dollar signs denote state grant funded and/or pass through OAA funding.

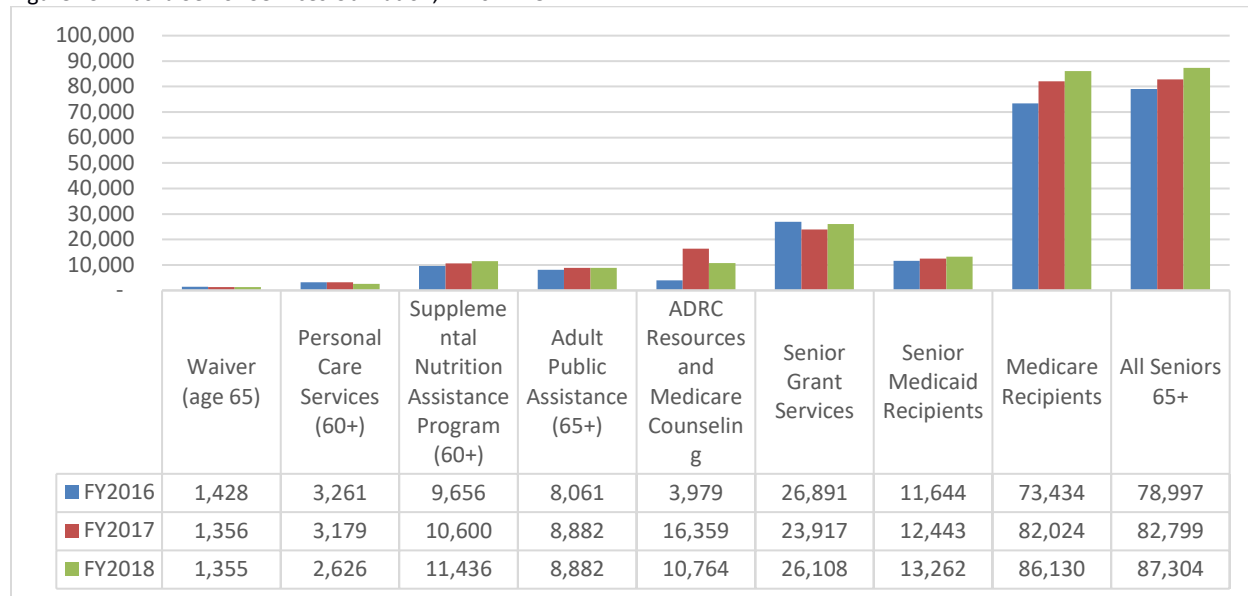
Figure 48: Long-term Continuum of Care for Seniors



Over the past three years utilization of services for seniors has increased across most areas of service. Waiver, Personal Care Services and Senior Grant Services have seen slight decreases in utilization. Medicare saw the largest growth in utilization with 12,669 more users in fiscal year 2018 than in fiscal year 2016.²¹

²¹ Retrieved on 4/11/2019 by RAU (data source: DS3 and Harmony); Source: evergreen Economics Compilation of State of Alaska data.

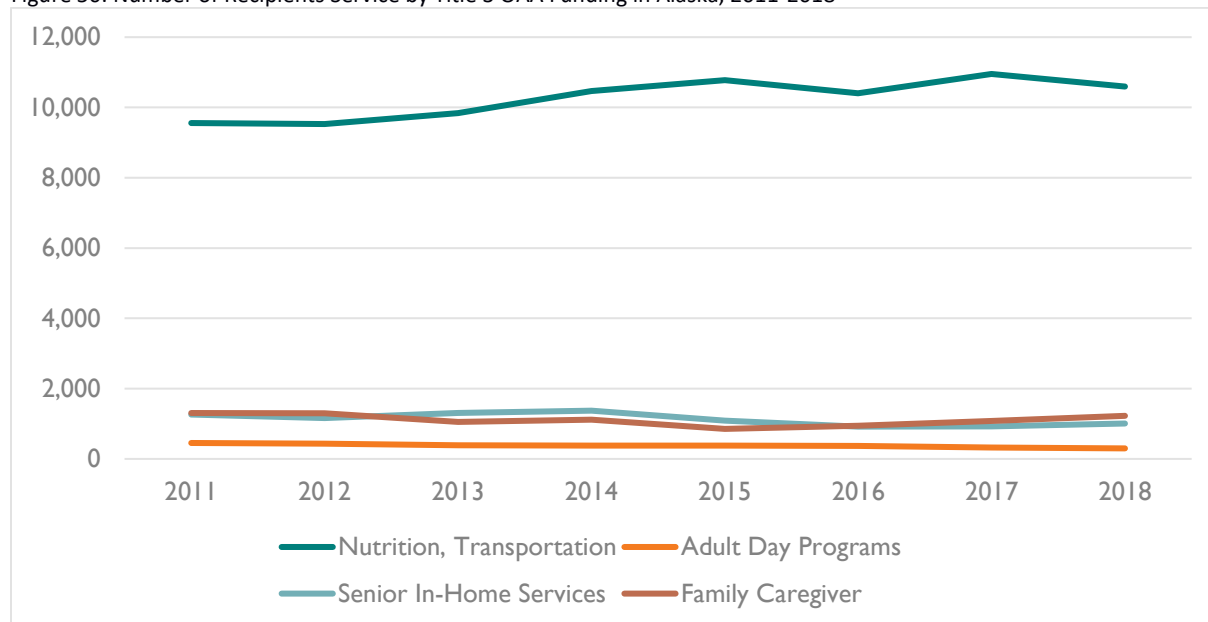
Figure 49: Alaska Senior Services Utilization, FY16-FY18



Source: Retrieved on 4/11/2019 by RAU (data source: DS3 and Harmony); Evergreen Economics Compilation of State of Alaska data; Alaska Department of Labor and Workforce Development Population Estimates, 2010-2018

The number of seniors receiving Nutrition, Transportation, and Support services (senior meals, transportation, and homemaker services) increased from FY 2011 to FY 2018 but the percentage of the total senior population receiving these services declined from 9.7 percent in FY 2011 to 7.8 percent in FY 2018. Moreover, the number of seniors receiving Adult Day and Senior In-Home grant-funded services decreased by 34 percent and 20 percent, respectively from FY2011 to FY2018.²²

Figure 50: Number of Recipients Service by Title 3 OAA Funding in Alaska, 2011-2018

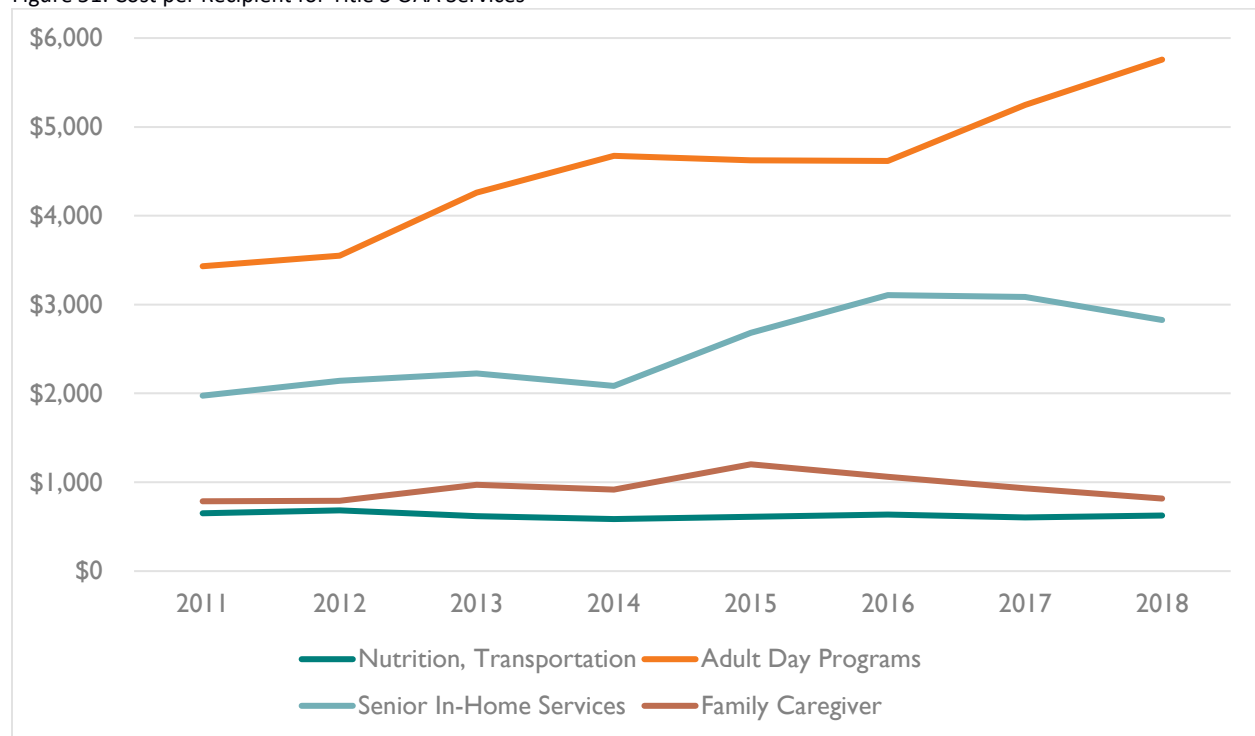


Source: Evergreen Economics Compilation of State of Alaska data.

²² Division of Senior and Disabilities Services Grants Unit, December 2018.

The cost per day for all Title 3 OAA services has increased since 2011 with Adult Day Programs and Senior In-Home Services seeing the largest increases.

Figure 51: Cost per Recipient for Title 3 OAA Services



Source: Evergreen Economics Compilation of State of Alaska data.

Housing Utilization

Table 2: Housing Utilization

Indicator	FY2016	FY2017	FY2018	Source
Licensed Assisted Living Home Beds	2074		2063	DHHS
Pioneer Home Filled Beds		423	431	DHHS, Division of Pioneer Homes
Pioneer Home Active Waitlist (65+)	361	266	242	Division of Pioneer Homes
Senior Housing Units	3013			AHFC
AHFC Senior Housing Units Waitlist (62+)	873	1,511	1,558	Alaska Housing Finance Corporation (AHFC).

Appendix F. Advisory Committee + Planning Team

The core planning team for the Alaska State Plan for Senior Services FY2020-2023 included:

- David Blacketer, Alaska Commission on Aging Member, Advisory Committee Co-Chair, Kodiak
- Mary Shields, Alaska Commission on Aging Member, Advisory Committee Co-Chairs, Anchorage
- Gordon Glaser, Alaska Commission on Aging Chair, Anchorage
- Denise Daniello, Executive Director, DHSS, Alaska Commission on Aging
- Lesley Thompson, Planner, DHSS, Alaska Commission on Aging

The Advisory Committee included:

Name + Title	Organization
Kelda Barstad, Program Officer	Alaska Mental Health Trust Authority
Pat Branson, Executive Director	Senior Services of Kodiak, Inc.
Melissa Castaneda	Alaska Native Tribal Health Consortium
Kim Champney, Consultant	Champney Consulting
Linda Combs, Commission Member – Palmer	DHSS, Alaska Commission on Aging
Mike Coons, Commission Member – Palmer	DHSS, Alaska Commission on Aging
Nathan Dahl, Administrator	Colony Manor Assisted Living Homes
Deb Etheridge, Acting Director	DHSS, Senior and Disabilities Services
Joan Gone, Health Program Manager	DHSS, Senior and Disabilities Services
Rita Gray, Program Coordinator	Department of Labor and Workforce Development
Rosemary Hagevig, Pioneer Home Advisory Board Chair and Commission Member – Douglas	DHSS, Alaska Commission on Aging
Ken Helander, Advocacy Director	AARP
Teresa Holt, State Ombudsman	Alaska Office of the Long-term Care Ombudsman
Pamela Kelley, Executive Director	Alzheimer's Resource of Alaska
Clinton Lasley, Division Director	Alaska Pioneer Homes
Jim McCall, Officer – Housing Relations	Alaska Housing Finance Corporation
Lisa Morley, Health Program Manager	DHSS, Senior and Disabilities Services
Tari O'Connor, / Section Chief / Chronic Disease Prevention and Health Promotion	DHSS, Division of Public Health
Joan O'Keefe, Treasurer	Statewide Independent Living Council of Alaska
Deedee Raymond, Mental Health Clinician	DHSS, Division of Behavioral Health
Nona Safra, Commission Member – Anchor Point	DHSS, Senior and Disabilities Services
Robert Sivertsen, Commission Member – Ketchikan	DHSS, Alaska Commission on Aging
Luann Strickland, Home Care Manager	Tanana Chiefs Conference
Timothy Struna, Chief of Public Health Nursing	DHSS, Division of Public Health

Appendix G. Programs and Services Description

While multiple state agencies provide services to Alaska seniors, the Department of Health & Social Services (DHSS) is the State of Alaska's designated state unit on aging (SUA). The state is a single planning and service unit; at this time there are no Area Agencies on Aging within the state of Alaska. The responsibilities of the SUA are carried out by both the Alaska Commission on Aging (which takes the lead on planning activities, advocates for increased resources for senior programs, and promotes public awareness about senior matters) and the Division of Senior & Disabilities Services (which administers Older Americans Act funds and issues the grants to community agencies that make OAA services possible).

Advocacy, Planning, and Interagency Coordination Programs

Alaska Commission on Aging

Since 1982, the Alaska Commission on Aging, an agency within the Department of Health & Social Services), has served to ensure the dignity and independence of all older Alaskans by addressing their needs through planning, advocacy, education, and interagency cooperation.

As part of its continuing commitment to the Alaska State Plan for Senior Services, FY 2012-2015, the Commission held annual implementation and planning meetings with its agency partners, to both identify their accomplishments related to the plan's goals and objectives and also to plan further activities for the coming year. In 2013, the Commission began coordinating planning activities with senior consumers and representatives from public and non-profit agencies serving older Alaskans to develop the Alaska State Plan for Senior Services, FY 2016-2019. The plan fulfills a requirement of the Older Americans Act.

FY 2018 ACoA Activities

The Alaska Commission on Aging carried out the following activities in FY2018 pursuant to its core services of planning services for older adults, educating the public about issues affecting seniors, and advocating for policies, programs, and services that help older Alaskans maintain a high quality of life and ability to participate meaningfully in their communities. The Commission collaborates with public and private partners to work toward a common goal of healthy and successful aging for all Alaskan seniors.

- **Planning activities** related to this State Plan include conducting several needs assessment activities – a senior survey of Alaskans age 55+; a senior provider survey, and Elder-Senior Listening Sessions – all designed to gather information about senior needs to inform development of the new Alaska State Plan for Senior Services, FY2020-FY2023. Other activities included collaboration with the Alaska Mental Health Trust Authority, the national Alzheimer's Association, and the Division of Public Health to implement the Alaska Behavioral Risk Factor Surveillance Survey (BRFSS) Caregiver Module to gather the first Alaska specific data about unpaid, natural support caregivers in addition to participating in the update of the Comprehensive Mental Health Plan. The Commission also participates with the Division of Public Health and other partners in promoting senior fall prevention awareness efforts.
- **Advocacy activities** during the FY2018 legislative session included monitoring a total of 50 bills and resolutions and actively supporting 11 pieces of legislation with committee testimony, legislative visits, and letters of support/commentary to bill sponsors, legislative committees, and Congressional members. Advocacy efforts resulted in an eight-year extension of the Senior

Benefits program to seniors (age 65+) who are income eligible as well as passage of several bills that enhance programs serving seniors and other vulnerable Alaskans. In addition, the Commission and advocacy partners successfully advocated for preserving funding for core senior programs – including grant-funded services, waiver services, Personal Care Services, elder protection, transportation, caregiver supports, and housing – with no reductions in state funds.

- **Public awareness and community education work** in FY2018 included an Alaskan Centenarian Celebration, in collaboration with the Governor’s Office, identifying 53 Alaskan Centenarians during May is Older Alaskans Month celebration activities and officially recognized 17 Centenarians who provided consent. The Commission coordinated the first Joint Senior Advocacy Summit, in collaboration with senior agency partners, to prepare for legislative session and made several presentations such as to the Alaska State Library, Southern Peninsula Senior Summit, National Association of Federal Retired Employees, Alaska Behavioral Health Association, National Institute of Senior Centers, and other presentations in addition to conducting nine statewide Senior Legislative Advocacy Teleconferences. The Commission also partnered with the Governor’s Office to recognize September 22 as Senior Fall Prevention Awareness Day, November as Alzheimer’s Awareness Month and Family Caregiver Awareness Month.

Financial Safety Net Programs for Older Alaskans

Senior Benefits Program

The State of Alaska’s Senior Benefits Program provides a monthly cash payment to low-income Alaskans age 65 and older. The amount of the payment varies by income. The Alaska poverty threshold is a federally determined amount that is adjusted each year.

With support from the Alaska Commission on Aging and other senior advocates, the Senior Benefits Program was established by Alaska’s Legislature in 2007 to replace the former Senior Care Program, which had been implemented after the Longevity Bonus Program (a previous benefit program for older Alaskans which was based solely on age and residency, with no income requirement) was eliminated in 2003. The Senior Benefits Program provides benefits to a broader range of low-income seniors (Senior Care had covered individuals with incomes up to 135% of the 2005 poverty threshold), returns to an annually adjusted income cap, and eliminates asset limits that had prevented some very low-income seniors from participating in Senior Care. The program is administered by DHSS’ Division of Public Assistance. As of May 2019, the Senior Benefits program’s funding was not secured.

Adult Public Assistance

Low-income seniors with few resources may be eligible for monthly cash benefits from the Adult Public Assistance program. The State of Alaska established this program to provide financial assistance to needy aged, blind, and disabled Alaskans to help them remain independent. Those eligible must be age 65 or older, or have severe and long-term disabilities that impose mental and physical limitations on their day-to-day functioning. The program is intended to supplement the federal SSI (Supplemental Security Income) program. The program is administered by the Division of Public Assistance in DHSS.

General Relief Assistance Program

General Relief Assistance (GRA) provides for the most basic needs of many Alaskans without the personal resources to meet an emergent need and ineligible for assistance from other programs. GRA is designed to meet the immediate, basic needs of Alaskans facing extreme financial crisis and is a temporary funding source for assisted living home placement. This program is administered by the Division of Senior & Disabilities Services.

Food Stamps

The Alaska Food Stamp Program, funded by the federal government, provides food benefits for low-income households. Income eligibility for Food Stamps is complex, with Senior Benefits payments and the Alaska Permanent Fund Dividend counted as income for determining eligibility.

Eligible households use the Food Stamp benefits to buy food products from authorized stores statewide using an Alaska Quest card. The amount a household receives each month depends on the household's size, income, assets, and location. Benefits are adjusted for the higher Alaska cost of living, and Alaska allows for higher Food Stamp benefits in rural parts of the state as well as for the purchase of certain subsistence hunting and fishing supplies. This program is administered by the Division of Public Assistance.

Heating Assistance Program

Heating assistance is provided to eligible Alaskans through three programs administered by the Division of Public Health. The Low-Income Home Energy Assistance Program (LIHEAP), for households with income up to 150 percent of the federal poverty income guidelines, is funded through a federal block grant.

The second program is the Subsidized Rental Housing Utility Deposit (SRHUD), which is available to assist tenants with a minimum deposit to establish gas or electric utility service required to participate in subsidized housing. To qualify for this deposit the housing program must fully subsidize the household's home heating costs and meet other eligibility criteria.

The SRHUD is available on a year-round basis. Applicants may receive a benefit from only one of these programs, depending upon their individual circumstances. All three programs administered by HAP use the same application and eligibility process.

Alaska Permanent Fund Dividend

The Alaska Permanent Fund Dividend program has, since 1982, provided an annual payment to every Alaska resident from half the earnings of the Alaska Permanent Fund. The Permanent Fund, established in 1977, receives at least 25 percent of the State's royalties from the sale of natural resources, primarily oil and gas. The size of each year's "PFD" depends on the average of the earnings over the previous five-year period and the number of eligible applicants.

All Alaskans who resided in the state for the entire calendar year are eligible to apply for a PFD. Dividend amounts vary widely. Dividends are extremely important to Alaska's economy and to individual seniors, particularly those with little cash income, such as those not eligible for Social Security benefits.

Senior Property Tax Exemption

Alaska law exempts real property owned and occupied as a permanent home by a resident age 65 or older (or by a disabled veteran) from a portion of local property tax. Applicants apply directly to their municipality. The State established the program in the 1970s and initially paid for the cost of the program, but beginning in 1986 the State began to prorate payments to municipalities, and since FY 1997 the entire cost of the program has been paid by local governments. As home valuations have increased in recent years, there are calls from cash-strapped seniors for increasing the amount of assessed valuation exempted from property taxes; at the same time, other entities favor eliminating the program altogether due to its cost to municipalities, and potential program growth with the increasing number of aging baby boomers.

Mature Alaskans Seeking Skills Training Program

Senior Community Service Employment Program

The Alaska Department of Labor & Workforce Development, Division of Employment and Training, is the grantee of the OAA Title V Senior Community Service Employment for Older Americans program. The program's statutory goals are to foster individual economic self-sufficiency, to provide community service opportunities, and to increase participation in unsubsidized employment. The program provides an average of about \$200 per week to participants. In Alaska, this program is working extremely well getting older workers back to work.

Senior Community Service Employment Program (SCSEP) provides local training in priority industry sectors by placing participants in community work-based training sites at non-profit, faith-based organizations, transportation and public facilities, governmental offices, senior centers, schools, and hospitals, to name a few. As currently structured, the SCSEP program is cost-effective, returning approximately \$1.50 for every dollar invested by empowering individuals to become self-sufficient, productive, taxpaying members of their communities. About 75 cents of every dollar is expended on participant wages and fringe benefits; less than 10 cents of every dollar is expended on administration, one of the lowest rates among federal programs. The balance is expended on participant training, counseling, and related employment expenses.

During FY 2018, SCSEP served 171 older Alaskans who worked in service to the general community and 60 participants who worked in service to the elderly community. The program served an unduplicated 208 participants. Seventy-one percent of participants were female, and twenty-nine percent were male. Seventy-six percent of participants were under age 65, and twenty-four were age 65 and older. Forty percent of participants identified their race as American Indian, Alaska Native, Asian, Black, Hawaiian/Pacific Islander or mixed race. Ten percent of participants had less education than a high school diploma or equivalent, while forty-one percent had a high school diploma or equivalent, and thirty-eight percent had some post-secondary education, including eleven percent with a bachelor's degree or advanced college degree. Eighty percent of the participants had a family income at or below the poverty level. Thirty-three percent were individuals with documented disabilities. Forty-nine percent were individuals with poor employment history or prospects. Thirty-four percent were homeless, three percent were displaced homemakers, and fifteen percent were veterans or spouses of veterans.

For FY 2018, the program exceeded its goal of 25 percent of participants placed into unsubsidized employment – in fact, a majority (58.9 percent) of program participants were able to achieve unsubsidized employment. Fully 74.5 percent of those placed into unsubsidized employment were still employed in those jobs one year later. The average earnings were \$34,172 for those finding employment.

SCSEP's common measures goals for State fiscal year 2019 are:

- Entered Employment 2nd Quarter after Exit: At least 46.2 percent will enter employment (federal law states 25 percent);
- Employment Retention: At least 36.3 percent will stay in job for one year after MASST;
- Service Level: 164.6 percent, with at least 10 percent more than the minimum number of participants required receiving skill-specific on-the-job training;
- Service to Most in Need: Program will serve those most in need as

- evidenced by average number of barriers (at least 2); and
- Average Earnings: Increase average wages from zero to \$8,543 per quarter.

Personal Safety and Long-Term Care Supports

Office of the Long Term Care Ombudsman

Mission of the Long Term Care Ombudsman

The Long Term Care Ombudsman Program is mandated by the Older Americans Act and state law to provide resident centered advocacy designed to protect the rights, health, safety, and welfare of Alaskans living in nursing facilities and assisted living homes. In Alaska, the OLTCO program also provides advocacy to seniors with complaints about their residential circumstances.

What does a Long Term Care Ombudsman do?

- Visit older Alaskans who are 60 years of age or older who live in assisted living homes or nursing homes
- Educate older Alaskans and their families about their rights in a facility
- Support and Empower older Alaskans to advocate for themselves
- Assist older Alaskans in Resolving issues and concerns
- Provide Information and Referrals to older Alaskans having difficulty with guardianship, financial exploitation or housing
- Create Systems Change that improves the lives of older Alaskans

The Office of the Long Term Care Ombudsman works hard to make visits to facilities statewide so that seniors have regular and timely access to ombudsman services. The OLTCO made 1,143 unannounced visits to all 280 long term care facilities in Alaska, visiting more than 3,200 seniors. There are long term care facilities in 28 different communities in Alaska. Resolving complaints, visiting facilities, and providing information and referral in Alaska is difficult with only 6 staff. To help with these duties, the OLTCO trains and certifies volunteer ombudsmen to assist with making regular visits to facilities. In FY2018, Alaska's OLTCO investigated 631 complaints from seniors across the state, resolving the complaint to the senior's satisfaction 98 percent of the time.

Top 5 Complaints in Nursing Facilities

1. Discharge and eviction
2. Request for less restrictive placement
3. Access to physician services
4. Symptoms not attended including pain
5. Issues with medication administration

Top 5 Complaints in Assisted Living Homes

1. Discharge and eviction
2. Issues with guardian or legal representative
3. Personal property lost or destroyed
4. Being treated with dignity and respect by facility staff
5. Request for less restrictive placement

The OLTCO works with the licensing and certification agencies for both nursing facilities and assisted living homes on a daily basis to prevent abuse and neglect of seniors living in long term care facilities.

The OLTCO also collaborates with partners in the aging community to resolve systems issues at the state level, including the Alaska Commission on Aging, the Alaska Mental Health Trust Authority, Senior and Disability Services, Elder Fraud unit, and AARP. These partners have worked on the following issues: guardianship reform, facility discharge process, dementia caregiver information and supports as well as training on emergency preparedness for seniors and long term care facilities.

Adult Protective Services

Within the Division of Senior and Disabilities Services, Adult Protective Services (APS) responds to reports of harm to vulnerable adults who are defined as those age 18 years or older with a physical or cognitive impairment or condition that prevents them from protecting themselves or seeking help from someone else. Allegations may involve abuse, neglect, self-neglect, or exploitation. Alaska law requires that protective services not interfere with elderly or disabled individuals who are capable to care for themselves.

In FY2017, APS received a total of 6,351 reports of harm that include 5,744 person-centered reports of harm and 607 reports of harm involving residents of assisted living homes. These reports to APS resulted in 1,626 (25%) new investigations, 861 (13%) continuing investigations already in progress, and 1,623 (25%) for information and referral. The majority of reports of harm received by APS involved Alaskans age 60 years and older. Specifically, there were a total of 3,387 reports of harm involving seniors/elders or 51% of the total reports received in FY2017.

In 2017 Self-neglect, financial exploitation, and neglect were the three most frequent reports of harm involving seniors. In FY2017 APS investigated 878 case of abuse involving senior /elders over 60 and made 858 information and referral involving senior /elders over 60.

Of the founded investigations involving older adults in FY2017, 1,211 investigations (51%) reported allegations of self-neglect; 324 investigations (5.3%) related to financial exploitation allegations, and 424 investigations (6.6%) corresponded to neglect allegations. A family member was most often reported as the perpetrator for non-self- neglect investigations involving an older adult when a perpetrator was indicated.

APS has experienced substantial increases not only in the number of reports of harm that come in, but also in the complexity of cases, due to improved public awareness about the signs of elder abuse and the fast-growing senior population. APS resources are not keeping pace with these changes, particularly during recent fiscal constraints. As a result, it is difficult to maintain adequate staffing levels and training. APS investigators in Alaska carry the highest caseloads in the country and have the most geographical challenges and areas to cover. Involvement of the criminal justice system and other partners, in particular financial institutions, is not always adequate, impeding APS' ability to resolve cases. Stronger efforts in coming years will focus on abuse prevention, public education, and up-to-date technology and updated assessment tools to help close the gap on the growing demands of Alaska's APS. Public awareness can be part of an overall approach to preventing adult abuse and neglect.

Division of Senior and Disabilities Services Quality Assurance Program

Within the Division of Senior & Disabilities Services (DSDS), the Quality Assurance (QA) program seeks to maintain continuous improvement in the services (including Medicaid waiver services and senior grant program services, among others) provided to consumers. QA safeguards the integrity of DSDS' programs by gathering and analyzing stakeholder information. The QA Unit provides technical assistance and information necessary for service providers to meet complex regulatory requirements. The Quality

Assurance Unit strives to strengthen the information network among consumers, service providers and the DSDS staff.

Office of Public Advocacy

Located within the State of Alaska's Department of Administration, the Office of Public Advocacy (OPA) protects the rights of vulnerable Alaskans by providing legal assistance and public guardian representation to abused and neglected children, incapacitated adults, and others. OPA represents only clients for whom the agency is appointed by a court. As of 2006, OPA now includes the Office of Elder Fraud and Assistance (see below).

Office of Elder Fraud and Assistance

This office, located in the Office of Public Advocacy (within the Department of Administration), was established by legislation passed in 2006. The office is empowered to investigate complaints and file civil actions involving fraud committed against Alaska residents age 60 and older. "Fraud" includes robbery, extortion, coercion, theft, and exploitation for personal profit or advantage. The office also provides information, referrals and assistance to older Alaskans who are victims of fraud and co-sponsors consumer education efforts designed to help seniors protect themselves from identify theft, credit and debt consolidation scams, predatory lending, Medicare and Medicaid fraud, and other issues of concern.

Alaska Pioneer Homes

The Alaska Pioneer Home and Alaska Veterans Home system (AKPH) is established in Alaska Statute. They are maintained and operated under the State of Alaska, Department of Health and Social Services, Division of Alaska Pioneer Homes. The six Alaska Pioneer Homes are located in Ketchikan, Sitka, Juneau, Anchorage, Palmer and Fairbanks. The AKPH also operates a centralized pharmacy located at the Anchorage Pioneer Home which provides pharmacy services to elders in all six locations.

Eligibility to the Pioneer Homes requires an individual to be age 65 or older and has been a resident of Alaska for at least one year. Applicants may select placement on the inactive waitlist or the active waitlist depending on how soon they anticipate needing services. Waitlist priority is based solely on an individual's application date.

The Pioneer Homes are licensed as Assisted Living facilities and comply with Assisted Living Licensing Statutes and Regulations. This care delivery model is less expensive than a traditional skilled nursing environment and more appropriate for the needs of the elders currently living in the Pioneer Homes. The majority of AKPH elders have some form of cognitive impairment in addition to their need for physical assistance with activities of daily living. The Pioneer Homes are recognized for the highly specialized care they offer individuals with Alzheimer's disease and related cognitive dementias. This delivery of compassionate care to such a vulnerable population requires increased staffing ratios, mandatory staff training requirements, and specialized equipment offered in the dementia neighborhoods.

The rates for the AKPH are set in regulation and vary depending on the level of service needed. Discussions are on-going related to proposals for additional levels of service and increased rates to reflect the actual cost of providing care. Elders can make payment for their monthly services privately, or through some combination of private pay, Medicaid waiver, Long Term Care or other third-party insurance. If an elder is no longer able to afford the monthly rate they can apply to the Pioneer Home payment assistance program. The current waitlist for AKPH services in each of the six communities continues to grow and there are no plans for additional Pioneer Homes in the State.

Assisted Living Licensing

An assisted living home can be a place for seniors and disabled Alaskans to call home and feel a part of a community, thus helping them to stay independent longer. The Assisted Living Licensing program in the Section of Certification and Licensing recently moved from the Division of Public Health to the Division of Health Care Services. The office licenses assisted living homes according to State guidelines (those homes that house only one or two residents and do not receive state or federal funding are exempt from licensing requirements); provides orientation on State regulations, licensing and fees; investigates complaints alleging violation of State guidelines; answers questions and maintains a current list of licensed assisted living homes around Alaska; monitors homes to ensure that they are clean, safe, sanitary and are providing appropriate meals and activities for their residents; and provides technical assistance and coordinates training to assisted living home providers. Additional homes are licensed to care for people with developmental disabilities and individuals with mental illness.

Background Check Unit

The Background Check Unit within the Division of Health Care Services' Certification and Licensing Section provides centralized background check support for health, safety and welfare programs that are subject to the licensing and certification authority of the Department, or that are eligible to receive payments (such as grant funds and Medicaid reimbursements) from the Department. All staff serving vulnerable populations in these programs are subject to the background check requirements. Employers may complete online background check applications before hiring personal care attendants or staff for assisted living homes, senior centers, and many other programs serving seniors.

Emergency Preparedness

While the Department of Military & Veterans Affairs' Division of Homeland Security & Emergency Management is the State of Alaska's lead agency for emergency management, the Division of Public Health takes the lead within the Department of Health & Social Services. For the past three years, the Division of Public Health's Section of Emergency Programs has been working with urban, rural, and tribal communities on emergency planning for vulnerable populations. These populations are defined as functional needs populations, the elderly, and anyone who needs more than basic medical care. (Functional needs populations are groups who may not be able to comfortably or safely access and use the standard resources offered in disaster preparedness, response, and recovery. This includes, but is not limited to those who are physically or mentally disabled, the non-English-speaking or those with limited English speaking ability, the medically or chemically dependent, the geographically or culturally isolated, the frail elderly, and children. The experiences of Hurricane Katrina and other natural disasters highlighted the need to improve disaster response preparedness and planning for vulnerable populations during a disaster.)

The Section of Emergency Preparedness works with the Alaska Pioneer Homes (six long term care assisted living home facilities operated by the State of Alaska) to assist them in their emergency planning and Continuity of Operations Planning for their residents and facilities.

The Emergency Preparedness Coordinator participates in the Alaska Disability Advisory Group (ADAG) is an Emergency Preparedness (EP) workgroup to address the functional and access needs of Alaskans with Disabilities during an emergency. This group consists of 35 partners/agencies including Red Cross of Alaska, FEMA region 10, State of Alaska Emergency Management, Independent Living Centers, and multiple disability agencies. There are monthly meetings to discuss address the functional and access needs of Alaskans with Disabilities during an emergency and is advisory to the SEOC during a declared disaster. Additional goals of the ADAG include: Integrate into the EOP, local EOPs, and SCERPs the

inclusion of people with disabilities and Elders, create a communications plan, response group that attends to drills and scenarios (representing ADAG), and outreach efforts.

Rural Long-Term Services and Support Coordinator

Rural Long-Term Care Development (to be placed with the Alaska Commission on Aging with oversight provided by the Division of Senior & Disabilities Services) assists in the development of a variety of services in rural areas so that elders can remain as close to home as possible when they need extended care. Funded by a grant from the Alaska Mental Health Trust Authority and Medicaid administrative claiming funds, the goal is to assist rural communities to develop home- and community-based services, such as care coordination, chore and respite services, personal care assistance programs, adult day centers, and other home- and community-based waiver services. The program provides training and technical assistance to communities.

Information Resources

Medicare Information Office, including Senior Medicare Patrol, State Health Insurance Assistance Program and Medicare Improvement for Patients and Providers Act

As part of the Medicare Modernization Act of 2003, the Medicare Information Office was established and housed in the Division of Senior & Disabilities Services. The office provides a toll-free number that anyone may call 24/7 for information on any aspect of Medicare, including enrollment in Medicare Parts A and B, Medigap insurance, Medicare Part D prescription drug plans, paying for Medicare programs – including Extra Help and the Medicare Savings Plan, coverage questions, training, finding local Medicare counselors, and other assistance. As one of the most visible programs offering a toll-free hotline, the office receives approximately 1,000 calls a month, triaging simple questions to local counselors while answering more complex calls and managing the complex calls to prioritize people who need their medications within a week and/or have other emergent health needs.

The Medicare Information Office houses the Alaska Senior Medicare Patrol (SMP), a program that emphasizes identification and prevention of Medicare fraud, waste, and abuse. The Alaska State Health Insurance Program (SHIP), a national program that offers one-on-one counseling and assistance to people with Medicare and their families. The Medicare Improvement for Patient and Providers Act (MIPPA) helps older adults, individuals with disabilities, and their caregivers apply for special assistance through Medicare by outreach and application assistance to those who may be eligible for the Low-Income Subsidy program, Medicare Savings Program, and the Medicare Part D Prescription Drug Program. All the programs in the Medicare Information Office are federally funded by the U.S. Administration on Aging and have a special focus on reaching people with a limited income and people with mental health and other disabilities who are younger than 65 and on Medicare.

Consistent with the spirit of the SHIP, SMP and MIPPA programs, there is a cadre of trained volunteer counselors throughout the state of Alaska to assist the public with all aspects of Medicare and to refer as appropriate. Training occurs via phone mentoring, webinar, in person, and through regional training that the two full-time Medicare experts provide. In addition to providing Medicare information to recipients in their communities, volunteers also are trained to spot and stop fraud, waste, and abuse in the Medicare program.

Partners providing counselors or liaisons include many senior centers, all the sites that provide home delivered or congregate meals, advocates that provide training on consumer protection such as the

Office of Elder Fraud and Assistance, AARP, the Alaska Native Tribal Health Consortium, Access Alaska, the Salvation Army's Older Alaskans Program, the Aging and Disability Resource Centers (ADRC), the Alzheimer's Disease Resource Agency of Alaska, and others.

Alaska's Medicare Information Office SHIP, SMP and MIPPA continue to develop efficiencies to communicate authoritative and current information about Medicare such as the use of their website, e-list, webinars, and the recruitment of retired teachers and nurses. Grantees include Anchorage and Fairbanks serving the regions with the most Medicare beneficiaries in the state and providing coverage to all 96,786 beneficiaries in Alaska. Grantees also work closely with the ADRCs and other information and referral agencies to assist seniors and people with disabilities to access resources as efficiently as possible.

Aging and Disability Resource Centers

Alaska's Aging and Disability Resource Centers (ADRCs) serve as a centralized resource for information and assistance related to long term services and supports to seniors, people with disabilities, and their caregivers and families accessing public and private long term care services. Core functions include information, referral and assistance, Person Centered Intake (PCI), options counselling, streamlined benefits screening, person-centered transition support, outreach and training. In 2017, Alaska implemented its Person Centered Intake as a first step for all individuals seeking long term services and supports. The PCI collects important information about the individual and provides guidance as to what services would best meet their needs. ADRC Specialists are trained to provide Options counseling after the PCI and can provide a follow up call to ensure the individual was able to access services and provide assistance as needed.

Alaska's ADRC are administered by the Division of Senior & Disabilities Services and are funded partially with state funds and also through Medicaid Administrative Claiming. With a growing senior population in Alaska and the rising cost of long term care support services, the need for expertise of available options coupled with supported decision making, is increasingly essential. Six ADRCs provide statewide coverage and are operated by a variety of non-profit, government and Tribal organizations. ADRCs are required to be "conflict free" meaning they are not allowed to provide Medicaid home and community-based services. In FY2018, ADRCs served 10,764 individuals statewide.

Developmental Disabilities Resource Connections (formerly known as STAR)

Similar to the Aging and Disability Resource Centers (ADRCs), Developmental Disabilities Resource Connections (DDRC) serve as the primary resource for individuals who experience an intellectual and/or developmental disability and their families. With an increasing aging Alaskan demographic, comes an aging IDD population and aging caregivers of individuals who experience IDD, who may experience changing needs due to aging. DDRCs collect information about the individual using the Person-Centered Intake (PCI) and if needed, assists them in applying for long term services and supports available through the Division of Senior and Disabilities Services as well as providing assistance connecting with other state and local resources. There are 9 DDRCs providing statewide coverage operated by non-profit and tribal health organizations. In FY2018 DDRCs served 1251 individuals.

Senior Housing and Facility Supports

Alaska Housing Finance Corporation Senior Housing Office

Alaska Housing Finance Corporation's (AHFC) mission is to provide access to safe, quality, and affordable housing. Within AHFC, the Senior Housing Office works with seniors and others to promote adequate, accessible, secure and affordable housing. In addition to advocacy efforts and industry relationships,

developing senior housing is accomplished either through the use of competitive grant awards or qualifying loans, or both, which assist developers who seek to build affordable senior housing in the state. Within AHFC's public housing division, seniors may pursue either senior/disabled housing or the Housing Choice Voucher program.

Seniors age 62 or older, or persons with a verifiable disability age 18 or older, may apply to rent housing at one of the eleven HUD senior housing facilities managed by AHFC and located across the state. Many seniors pursue the Housing Choice Voucher program, which allows them to live anywhere, so long as the landlord accepts the voucher for federally subsidized rent.

The Housing Choice Voucher program allows families to pay approximately 30 percent of their income toward rent, with the balance supplied by the voucher. There is also a wait list for this program. Persons with acute need, such as those who are homeless, fleeing domestic violence, or paying more than 50 percent of their income for rent, among others, have the highest priority on the wait list.

Alaska Housing Finance Corporation also supports privately developed housing projects designed to serve seniors through various grants, loans, and tax credit programs. The Greater Opportunities for Affordable Living (GOAL) program includes Low Income Housing Tax Credits and HOME funds. Each of these programs plays a critical role in the development process for senior housing, but applicants must compete with others who are likewise providing housing for special needs populations and low-income families.

Alaska Mental Health Trust Authority Affordable Housing Focus Area

The Alaska Mental Health Trust Authority administers the Mental Health Trust to improve the lives of beneficiaries. Trustees have a fiduciary responsibility to protect and enhance Trust assets in perpetuity for the beneficiaries. The Trust provides leadership in advocacy, planning, implementing and funding of a Comprehensive Integrated Mental Health Program and acts as a catalyst for change. Beneficiaries are those who experience a mental illness, chronic alcohol addiction, developmental disabilities, Alzheimer's disease and related dementia conditions, and traumatic brain injury.

The Trust has identified housing and long term services and supports as a critical area for planning and resource investment in Alaska. The Trust beneficiaries have many unmet housing needs: lack of affordable decent options, rising costs for rent and utilities, social challenges, disruptions in housing stability, etc. The Alaska Mental Health Trust Authority has identified affordable housing as a priority area for funding and advocacy. Safe, decent, affordable, accessible, and appropriate housing is often the key for Trust beneficiaries in maintaining a healthy lifestyle and participating in rehabilitation and recovery activities, or in receiving supportive services through a dignified end of life.

The statewide shortage of affordable, safe, accessible, and appropriate housing disproportionately affects seniors and Trust beneficiaries due to the rising costs of rent and utilities, combined with challenges associated with disabling conditions or health problems. These problems will only be amplified as we see the increase of seniors in the state as the baby boomer generation ages and chooses to remain in Alaska.

The Trust's-Housing and Long Term Services and Supports Focus Area pursues the following strategies targeted toward Trust beneficiaries who are elderly and/or require long-term care services:

- Policy advocacy to bring together necessary funding sources to support the supported housing stock in the state. This work includes efforts to replicate aspects of a housing trust used in several other states that would assist in providing on-site support services.
- Increasing capital resources for supportive housing for seniors and those with cognitive and behavioral challenges due to mental illness, dementia, or other related cognitive disorders.
- Increasing the availability of long-term care supports and community-based services for those beneficiaries who are at risk of institutionalization.
- Increasing the availability of technical assistance through the State's Department of Health & Social Services, Alaska Housing Finance Corporation, and the Pre-development Program (operated by the Foraker Group) for development and maintenance of safe, affordable housing at the community level.

Facilities Capital Grants

The Department of Health & Social Services' (DHSS) Facilities Section has several capital grant programs that can be used to help provide services to Alaska's seniors. Alaska Mental Health Trust Authority beneficiaries, who include older adults who live with Alzheimer's disease and related dementias or are experiencing chronic alcoholism, developmental disabilities, mental illness, or brain injury, are served through these capital grant programs.

The DHSS, Finance and Management Services, Facilities Section administers three Capital Grant Programs to meet the needs of Trust Beneficiaries and other vulnerable Alaskans.

- The Deferred Maintenance Capital Grant program allows eligible providers of service to Trust beneficiaries to apply through the Request for Proposal (RFP) process. If awarded, the provider can procure deferred maintenance and accessibility improvements to the buildings housing treatment offices, residential services, administrative offices, and similar services.
- The Essential Program Equipment Capital Grant program is for one-time equipment purchases for eligible applicants for program equipment needs. Example of eligible program equipment needs include, but are not limited to, therapeutic equipment, computers, fax machines, copiers, general office equipment and furnishings, and kitchen equipment.
- The Home Modifications Capital Grant program seeks to provide eligible service providers with the resources to ensure Trust beneficiaries and special needs populations are able to experience increased mobility and accessibility in their home environment. The overall

goal of this capital grant program is to fund capital projects which initiate, enhance, or extend an eligible service provider's system of delivering the resources required to provide home modifications for Trust beneficiaries or individuals with special needs.

Senior Residential Services Grant

Through designated funding from the Alaska State Legislature, the Division of Senior & Disabilities Services oversees three grants to rural/remote providers in Galena (Yukon-Kuskokwim Elder Assisted Living Home), Tanana (Tanana Tribal Association), and Dillingham (Bristol Bay Housing Authority) for supported residential living services to frail elders who do not have access to the Pioneer Homes or other assisted living facilities in their community or region. Senior Residential Services facilities supported by these funds served 31 individuals in FY 2018. Many of the residents are Alaska Native elders who have relocated from surrounding villages. These SRS funded assisted living facilities provide meals, community event for socialization, transportation, and assistance with activities of daily living to enable the elders to remain in or near their community of choice.

Home- and Community-Based Services

Senior Home- and Community-Based Grant Programs

As an agency within the State Unit on Aging, the Division of Senior & Disabilities Services uses a combination of Title III, State general funds and local match for the provision of home and community-based services to meet the needs of individuals who are 60+ years old and may have a disability, and may not qualify for Medicaid (or other) services. Home and community-based grant programs administered by the Division of Senior & Disabilities Services provide a safety net for older individuals who need assistance in order to remain independent, but who do not qualify for other publicly funded programs, and are intended as a safety net for individuals who are at risk for institutionalization and wish to remain in their own homes.

Grant funds are awarded to provider agencies statewide through a competitive grant process and are targeted to meet the needs of individuals with AD/DR (Alzheimer's Disease and Related Disorders), those who are non-English-speaking, those living in rural areas, those age 80 and older, seniors who are experiencing poverty, and those at risk of institutionalization.

Individuals may access home- and community-based services through a number of grant programs administered by the State. Senior Community Based Grant programs include the Senior In-Home Services grant, Nutrition, Transportation and Support Services (NTS) grant, and Adult Day grants. Services provided through these grant programs include: adult day care, meals, transportation, respite, chore, case management, information and assistance, homemaker, legal assistance, and other supportive services. In FY 2018, the Senior Community Grant programs combined served 13,247 unique individuals.

Medicaid Personal Care Assistance Program

Services provided through the Personal Care Assistance (PCA) Program support Medicaid-eligible individuals who need assistance with activities of daily living (such as eating, bathing, dressing, transferring, and toileting) as well as instrumental activities of daily living (including shopping, laundry, and light housework) to live in their own homes and communities. Personal Care Assistance services are provided in Alaska through private and nonprofit agencies, with administration of the program by the PCA Unit of Senior and Disabilities Services. Personal Care Assistance services are provided through two different qualified models that include agency-based PCA and the Consumer Directed PCA.

- Agency-based PCA: Consumers may choose to receive services through an agency that oversees, manages, and supervises their care. PCAs working in an Agency-Based PCA program must be at least 18 years of age, have successfully completed a 40-hour PCA training program delivered by a licensed State of Alaska registered nurse and approved by the State, possess current CPR/First Aid certification, be individually enrolled, and pass a criminal history background check. Supervision of the PCA service plan is provided by a registered nurse in the Agency Based PCA program.
- Consumer Directed PCA: Alternatively, consumers may manage their own care by selecting, hiring, training, firing, scheduling, and supervising their own PCA worker. The agency provides administrative support to both the consumer and the assistant by providing payroll and billing support, prepares a back-up service plan with the recipient, and conducts semiannual visits with the consumer in that person's home. Eligible PCAs must be at least 18 years of age, be individually enrolled, pass a criminal history background check, and be trained by the recipient for their specific needs. The recipient may hire a family member (excluding a spouse or minor child) or friend to work as their PCA. The recipient also decides what training, if any, they will require for their PCA. Supervision by a registered nurse is not provided by the consumer-directed PCA agency.

From testimony of seniors at its quarterly meetings, the Alaska Commission on Aging understands that older Alaskans throughout the state wish to have a choice between the agency-based and the consumer-directed PCA programs. While consumer-directed services fit the needs of some seniors, others have told us they simply lack the energy or focus to manage their own PCA, and desire an agency to handle the details for them. Both agency-based PCA and consumer-directed PCA are available in most communities in Alaska. Together the programs provide support for about 4,000 Alaskan seniors and individuals with disabilities.

Community First Choice Program

In October 2018, Senior and Disabilities Services brought a new state plan service on line called Community First Choice (CFC). Seniors can also receive personal care services through this state plan option. They must first meet an Institutional level of care and income eligibility requirements. There are additional Personal Care Assistance services available through this option including time for supervision and cuing, skill building and worker supervision training. Personal Emergency Response systems are also available through this program.

Medicaid Waiver Programs

The Division of Senior & Disabilities Services provides Medicaid waiver programs, including an Alaskans Living Independently Waiver (formerly Older Alaskans Waiver), for Medicaid-eligible individuals who are age 21 years or older and meet a nursing home level of care. In FY 2018, 1,355 Alaskans received services under the Alaskans Living Independently Waiver program. At an average annual cost per beneficiary of \$36,598, this program not only supports seniors to live in their own homes and communities (where they desire to be), but also does so at a cost equal to about ten percent of the cost of a skilled nursing facility in Alaska.

A long-time concern related to the Medicaid waiver in Alaska is that an individual in the early or middle stages of Alzheimer's disease and related dementias (ADRD) as a primary diagnosis may not be eligible for the waiver because they do not meet nursing facility level of care. While the person may be functionally able to perform tasks, he or she needs requires prompting and cueing to know when and how to perform these tasks. For an individual living alone, or even one with a caregiver who works

during the day, not having access to appropriate services can create a great hardship as well as safety concerns for that person to be at home alone. Many of these individuals can and do receive services through the Senior Grants programs, although the need for services exceeds their availability. The Alaska Commission on Aging and its advocacy partners continue to seek ways to meet the needs of persons with ADRD for home- and community-based services by advocating for options to the Medicaid State Plan to serve persons with ADRD and other cognitive impairments.

Nursing Facility Transition Program

Alaska offers a Nursing Facility Transition Program (within the Division of Senior & Disabilities Services), which helps families by offering support and funds to enable seniors and disabled citizens to return to independent or family living after a stay in a nursing facility. Originally piloted under a Real Choice System Change Grant, this program can provide funding for one-time expenses such as home or environmental modifications, travel, room and board to bring caregivers in from a rural community to receive training, security deposits, initial cleaning of a home, basic furnishings necessary to set up a livable home, transportation to the new home, and other needed items or services approved by program coordinators.

The Center's for Independent Living (CILs) administer the Nursing Facility Transition program and work with the individual, discharge planner, family members, and service providers to develop a transition plan back into the community. To be eligible for this program, a person must qualify both medically and financially for the Medicaid Home- and Community-Based Services (HCBS) Waiver program or the Medicaid funded Personal Care Assistance Program. The grant is used only for one-time costs associated with the transition. After that, the Medicaid program pays for all services when the HCBS waiver or PCA services are approved. The nursing facility transition process may take from one to three months to complete.

In FY 2018, the program helped 25 people to transition from nursing facilities. The program's current goal is to transition 50 people per year out of nursing homes and back into the community. FY 2018 costs averaged \$2400 per person, using State of Alaska general funds. (Note: The median cost of a private room in an Alaska nursing home is \$907, more than three times the average cost for a day of nursing home care in the U.S. as a whole, according to the Genworth 2018 Cost of Care Survey in Alaska).

Services for Alaskan Veteran Seniors

Alaska is the state with the highest veteran ratio. According to estimates from the U.S. Department of Veteran Affairs (2017), 20,421 Alaskan Veterans are age 65 and older.

The Alaska Office of Veterans Affairs, under the Department of Military and Veterans Affairs, serves as the primary advocate for Alaska's Veterans by offering assistance to determine eligibility, connecting veterans with appropriate services, completing paperwork, and providing general resource direction on all veteran benefit issues. All primary services are provided free of charge and range from helping Veterans file claims for education, medical or other benefits to assisting them in obtaining earned military awards. Located throughout the state are Veterans Service Officers who are trained to help veterans find the benefits they are entitled to and assist them in claiming those benefits.

The Alaska Veterans and Pioneers Home in Palmer, built in 1971, was approved by the Legislature as the state's only Certified State Veterans' Home in Alaska. This Home has 79 beds of which 75 percent are designated for Veterans with the remainder of beds available for non-veterans. Veteran residents are

eligible for several benefits including a per diem from the VA Office to offset costs of their care, transportation to VA appointments, access to special support from VA health, social services and other community-based services, in addition to other special benefits.

The Alaska Veteran-Directed Home- and Community-Based Services program was established in 2015 and is a collaboration of the Alaska Veterans Affairs, the Aging and Disability Resource Centers serving the Kenai Peninsula, Kodiak Island, Southeast Alaska, and soon the Matanuska Susitna Valley, and a fiscal agent located in Vermont. This program allows Veterans to receive the home- and community-based services they need in a self-directed manner. Based on their level of care needs, Veteran enrollees are given a budget for services that is managed by the Veteran or their designee. Services are selected by the Veteran, and if the need is in-home support services such as personal care, chore, and respite, the Veteran (or designee) acts as an employer, and is responsible for recruiting, hiring and establishing a wage for their employees. The budget can also include home-delivered meals, adult day services, and other services identified by the Veteran. This program supports Veterans enrolled in VA Healthcare who need hands on assistance to remain in supportive home environments; provides an opportunity for Veterans to direct their own care; improves the quality of life for Veterans through service provision; and provides support and respite for family and other informal caregivers, allowing Veterans to remain in their own homes longer by preventing the need for higher level of care services.

Veterans Advisory Council

The Alaska Veterans Advisory Council consists of 13 members appointed by the governor. The Alaska Veterans Advisory Council's mission is to address the needs and concerns of all of Alaska's Veterans, their dependents, and survivors and to improve recognition of Alaska's Veterans. The Council carries out its mission by making prioritized recommendations on suggested, existing or pending state legislation, regulations, administration policy, and the budget to ensure the delivery of needed state and federal Veterans' entitlements, benefits and services.

The Council advises the Department of Military and Veterans Affairs and, through the governor, other departments and agencies of the state on matters concerning state Veterans, their dependents, and their survivors. The council annually meets with and makes recommendations to the Governor and the Department concerning the needs of and benefits for the State's Veterans, for developing public and private partnerships to meet those needs, for providing information regarding Veterans' benefits and services, for improving recognition of State Veterans, and on other matters. The Council is dedicated to the concerns of the Alaska Veterans community as a whole, and does not take action on individual Veteran concerns.

Older Americans Act Title III Grant-Funded Programs and Services

Programs funded by Title III of the Older Americans Act are administered and coordinated with a blend of federal, state, and local funding. These programs cover information and assistance, adult day, congregate and home-delivered meals, legal assistance, transportation, nutrition education, outreach, health promotion and disease prevention, medication management, community services, homemaker services, care coordination/case management, and caregiver services. Older Americans Act programs are administered by the Division of Senior & Disabilities Services with federal and state funds distributed through grants to provider organizations throughout the state, based on the funding formula described in this State Plan for Senior Services, FY 2020-2023

The Older Americans Act provides the framework for delivery of services along the continuum of care to meet the social and nutritional needs of seniors throughout the state. In addition, the Older Americans

Act programs administered by DSDS provide the basis for coordination of services for seniors that would otherwise be fragmented. Partnerships between senior grant programs funded through the Older Americans Act (Title III) and other entities include: Title VI programs, Office of the Long-Term Care Ombudsman, Medicare Information Office, Legal Assistance, Division of Public Health, Division of Behavioral Health, Independent Living Centers, Pioneer Homes, Medicaid Programs, Division of Public Assistance, local senior services providers, municipalities, and tribal health organizations.

The Senior Grant Programs provide critical supports and opportunities for seniors and their caregivers so that they may live independently in their homes and communities for as long as they are able. In addition to services authorized under Title III of the Older Americans Act, Senior Grant Programs offer additional services targeted to individuals with Alzheimer's disease and related dementias (ADRD) and their caregivers.

The array of services available in each community differs based upon the unique characteristics of the community and the needs of its seniors. Older Americans Act programs ensure participation by seniors in the development and delivery of services and technical assistance is provided by the State Unit on Aging to communities who need help developing a viable plan for service delivery to meet the needs of seniors in their area.

Nutrition, Transportation, and Support Services Grant Program

Federal funds for the Nutrition, Transportation and Support Services (NTS) Grant Program are awarded to the State by the Administration for Community Living (ACL), Administration on Aging (AoA), in accordance with Title III of the Older Americans Act (OAA). In addition to the Federal and State funds, applicants provide additional matching funds including senior donations and use volunteers and Title V Mature Alaskans Seeking Skills Training volunteer participants, to meet the growing demand and ensure successful programs.

In accordance with the Older Americans Act, NTS services target seniors (age 60 and older) whose health and welfare is at highest risk to help seniors maintain their health and independence and prevent the need for costly medical and institutional care. While there is never a fee charged for services, seniors may voluntarily donate to the cost of services.

Provider organizations, including non-profits, school districts, and tribal and local governments, choose from an array of services to best meet the needs of the older Alaskans they serve. These services help seniors maintain their quality of life, and promote active, meaningful, and involved lifestyles. They help older individuals sustain their dignity and well-being, and remain safely and productively in their homes and communities.

Services provide an entry point and increased awareness and use of social supports for challenging situations and lay a foundation for individuals to help sustain cognitive, physical, and social health and independence. ACL statistical studies confirm that services reach the vulnerable target population and help mitigate the effects of declining health and functional ability.

Services provided by NTS programs (descriptions of these programs are included below, under the Continuum of Care):

- Congregate Meals
- Home Delivered Meals
- Nutrition Education and Counseling

- Assisted and Unassisted Transportation
- Homemaker
- Information & Assistance, Outreach
- Community Volunteers
 - Retired Senior Volunteer Program
 - Senior Companions
 - Foster Grandparent/Elder Mentor
- Statewide
 - Legal Services
 - Monthly Newspaper
- Health Promotion & Disease Prevention

Health Promotion and Disease Prevention for Older Alaskans

The Division of Senior & Disabilities Services (DSDS) supports health promotion and disease prevention services for older Alaskans through grants, partnerships, and the provision of technical assistance.

Title III-D provides limited funding for health promotion and disease prevention. These funds can be used for a range of services, including health screening and health risk assessments, health education, physical fitness, and other activities

DSDS requires evidence-based practices for specific health promotion aims, specifically “A Matter of Balance” for falls prevention, and Chronic Disease Self-Management, currently provided through the Division of Public Health as “Better Choices, Better Health: Living Well Alaska.” All other DSDS Title III-D grant funding requires at least a portion of any grant be used for evidence-based programming.

DSDS is expanding older Alaskans’ access to health promotion and disease prevention programming beyond what is possible through the grants by collaboration with other agency partners. Activities include work with DSDS’ Quality Assurance Unit and other DSDS-funded programs, the Alaska Native Tribal Health Consortium, the Division of Public Health, the Alaska Pharmacists Association, senior centers and other providers of services for older adults, and agency partners.

Facilitator training for both “Better Choices, Better Health” and “A Matter of Balance” can be provided by Alaska master trainers to assist agencies in meeting requirements. Health promotion information, tailored for the needs and interests of an older audience, is provided to service providers, including both grant recipients and non-recipients. Useful health-related materials in multiple languages are identified and shared with providers who serve immigrant populations.

Health Promotion and Disease Prevention Grant Program

Health Promotion Disease Prevention (HPDP) Grant program provides grant funds to local provider agencies for evidence-based interventions to improve the health and wellness of seniors. HPDP grants are funded through a combination of Title III-D and state funds and administered by the Division of Senior & Disabilities Services. HPDP is based on the evidence that ongoing physical activity can prevent disease, slow the progress of disease, and reduce the impact of disease. Physical activity has a positive impact on physical illness, depression, and cognitive loss.

Personal goal setting and tracking is required and has been found to contribute to motivation and adherence to physical activity and wellness behaviors. Participants can measure improvement and experience the rewards of increased fitness and confidence.

Senior In-Home Services Grant Program

Home and community-based services are provided throughout the state with the goal of decreasing the need for seniors to be moved to more costly out-of-home placements. State of Alaska general funds are competitively awarded to non-profit agencies to provide services to individuals who qualify under the requirements of the Older Americans Act or who are at risk for institutionalization and who do not qualify for services under the Medicaid Waiver program.

Priority of service is given to individuals with Alzheimer's disease and related dementias, those who live alone, those with a physical disability, those with the greatest social or economic need, minority individuals, and those who reside in a rural area. Senior In-Home Services, administered by the Division of Senior and Disabilities Services, provides funding for case management, chore, respite, extended respite, and supplemental services.

Adult Day Services

Adult Day Services (ADS) is an organized program of services during the day in a center-based group setting. Grants for this program are also provided using State of Alaska general funds as administered by Senior and Disabilities Services. In FY 2018, ten provider agencies received grant funds for Adult Day programs. ADS provide supervision and a secure environment for individuals who experience Alzheimer's disease and related dementias, as well as those with physical, emotional, and/or cognitive impairments who are not safe staying alone while their caregivers are away. Adult Day Services support an adult's personal independence and promote social, physical, and emotional well-being. Adult Day Services provide a variety of program activities designed to meet the individual's needs and interests, including social, recreational, and therapeutic activities to assist in supporting optimal mental and physical functioning. Services and activities are planned incorporating person-centered planning approaches in response to an assessment of the participant's functional, health, and social needs. Services are flexible to meet the changing needs of the participant and provide continuity of support as defined in the plan of care. The ADS program is an integral part of the network of services to seniors in the state, providing the opportunity for clients to remain in their homes and communities, preventing or forestalling the need for institutionalization.

National Family Caregiver Support Grant Program

Caregivers often make it possible for disabled adults to remain in their home setting rather than moving into a long-term care facility. Although providing care to a family member can be a positive and rewarding experience, family caregiving can be stressful. Alaska has recognized the importance of family caregiving and has offered services to benefit caregivers for a number of years. Since the reauthorization of the Older Americans Act in 2000, Alaska has implemented the National Family Caregiver Support Program, whose purpose is to provide relief from the emotional, physical, and financial stress experienced by family caregivers. Alaska's Family Caregiver programs are funded with a combination of Title III-E and State funds, and administered by the Division of Senior & Disabilities Services through a competitive grant process which allows local providers to develop programs that meet the specific needs of the caregivers in their communities. Ten percent of Family Caregiver funds are dedicated to supporting Grandparents Raising Grandchildren. Services are provided specifically to family caregivers and may include:

- Information about available resources
- Comprehensive assessment, if needed
- Assistance in gaining access to support services
- Counseling, support groups, and training to assist caregivers in making decisions and solving problems related to their caregiving roles

- Respite care
- Supplemental services

Alzheimer's Disease & Related Dementia (ADRD) Education and Support Grant Program

The Alzheimer's Disease and Related Dementia (ADRD) Education and Support grant program provides funding to a statewide organization to provide information to organizations and individuals throughout the state about the signs, symptoms, causes, diagnosis, and effects of ADRD on an individual and their family. In addition, the grant funds provider training in evidence-based dementia care practices and skills development, as well as support, education and socialization activities for persons with dementia and their informal caregivers. Availability of information about ADRD is critical to caregivers and anyone experiencing memory loss and assists while developing strategies in dealing with the disease. Senior and Disabilities Services administers this senior grant program.

Legal Assistance Developer

The Legal Assistance Developer is the individual in each state who is responsible for providing leadership in developing legal assistance programs for persons 60 years of age and older and plays a key role in assisting states in the development and the provision of a strong elder rights system. The Developer provides oversight of the Older Americans Act (OAA) Title III B legal assistance programs and assures that at-risk older people have access to the civil justice system. The activities of these legal programs and the legal services developer support the most vulnerable older adults by enabling them to retain autonomy, remain in the community and assist in the prevention of many kinds of abuses against older adults.

The Legal Assistance Developer for the State of Alaska is currently housed within the Division of Senior & Disabilities Services and provides oversight of the OAA Chapter 4 Section 731 legal assistance program through close collaboration with Alaska Legal Services and the Alaska Commission on Aging. The Legal Assistance Developer collaborates with AoA's "Model Approach to Statewide Legal Delivery Systems" grantee, Alaska Legal Services, in the development of recommendations to ensure the provision of a strong elder rights system.

Legal assistance for seniors is provided statewide by Alaska Legal Services and assures that seniors, especially those at greatest social and economic risk, have access to the civil justice system. Access to legal information, advice and assistance helps older Alaskans preserve financial and personal independence, maintain control of their financial and health care decisions, maintain appropriate family relationships, and protect personal assets, clan property, and well-being.

Title VI Coordination

The State of Alaska encourages providers of Title III services to collaborate with tribal governments, which receive Title VI funds in order to make more services available for older Alaskans. Title VI grantees (there are 44 of them in Alaska) are also encouraged to collaborate with Title III grantees to maximize services available for their elders. In twelve cases (see below), the same organization is the Title VI and the Title III grantee in an area. In a number of other communities, coordination, collaboration, and cooperation between the agencies responsible for these separately-funded services is well underway.

For example, Senior Citizens of Kodiak, Inc. (SCOK) and Kodiak Area Native Association (KANA) have collaborated for more than a decade to assure that elders in Kodiak Island villages have meals and elder care while they continue to live in their communities. Senior Citizens of Kodiak, Inc uses Title III funds and contracts with KANA to provide meals in all six villages on the island. These funds along with Title VI

funds assure that at least three meals a week (congregate and home delivered meals) are available in each village. Family Caregiver Support funds are also used to contract with KANA in providing Elder Caregiver Advocates in the villages as a point of contact and support for elders and their families. By combining Title VI and Title III funds, more consistent programs are being delivered to the six villages on Kodiak Island.

In Southeast Alaska, Southeast Senior Services (SESS), a Title III grantee, approached the area's tribal organizations years ago to help protect the current level of services in various communities, in anticipation of a funding shift of Title III monies to other areas of the state. Southeast Senior Services conducts a needs assessment for each tribe, assists with the Title VI grant application, provides the services, and handles the necessary reporting. As it does each tribe's needs assessment, SESS revisits with each tribe how it would like its Title VI Part A (nutrition and supportive services) and Part C (family caregiver support) monies used.

During the period of coverage of this state plan (FY 2020 through FY 2023), the State of Alaska agrees to continue to increase coordination, collaboration, cooperation, and partnerships between Title III and Title VI programs for older Alaskans. Title III grantees are to develop partnerships with Title VI grantees in their communities, and to submit a memorandum of agreement to ensure coordination of services to Native elders. Coordination of Title III and Title VI services is required in order to reduce duplication of services, develop services to address unmet needs, expand resources, and share information with Native elders about additional services, benefits, and resources available to them.

The State of Alaska facilitates planning and partnerships between Title III and Title VI grantees through the Rural Long-Term Services and Support Coordinator. Regional elder needs assessments are required to examine all resources including Title VI and Title III, and to include recommendations for increased collaboration where needed. The State of Alaska acknowledges that coordination is also a requirement for Title VI grantees, and will initiate increased partnerships and collaboration between Title III and Title VI grantees.

Workforce Development Initiative

In Alaska, as well as other states, workforce shortages and limited funding to recruit, train, and maintain direct service workers create obstacles to providing home- and community-based services in rural and urban areas throughout the state. In Alaska, this is compounded by the great distances between communities and often their remote locations. The Alaska Mental Health Trust Authority (The Trust) recognized the growth in its beneficiary populations and the challenges of workforce shortages they face now and in the future. Trust beneficiaries include Alaskans who experience mental illness, developmental disabilities, chronic alcoholism, and Alzheimer's disease and related dementias. In 2006, The Trust began sponsoring a workforce steering committee to work on the AMHTA Workforce Development Initiative, which was prepared by the Western Interstate Commission for Higher Education (WICHE) Mental Health Program. The purpose of the initiative was "to bring stakeholders together to strategically discuss and examine the workforce trends and demands in Alaska, including recruitment, retention, education, training, and career opportunities. The goal of the project is to expand upon the current workforce efforts and to increase communication between systems and initiatives to foster a more coordinated strategy that maximizes resources and decreases duplication." In late 2006 the Trust accepted the AMHTA Workforce Development Initiative as one of its focus areas.

The Trust utilizes the workforce development area to support recruitment and retention of healthcare employees across Alaska, who provide in-patient and community-based care to our beneficiaries.

Keeping a focus on improving and increasing the workforce is integral to maintaining The Trust's focus on Medicaid reform and redesign, as well as criminal justice reform and reinvestment. An important aspect to quality care for our beneficiaries lies in having a robust health care system in the community, who can provide the needed care and on-going support. This level of care helps in the long-term with their quality of life and ability to remain in the community.

The Alaska Health Workforce Coalition (AHCWC) is a group of industry associations, tribal health, state departments, and universities who come together monthly to develop a coordinated, cohesive, and effective approach to addressing the critical needs for health workers in Alaska. The Alaska Department of Labor predicts the health care industry will increase 21.4 percent by 2026, which equates to over 10,000 new jobs. At the same time, our workforce demographic, those age 18 to 64, is declining. This means we not only need to focus on growing our own workers, but recruit heavily from outside Alaska at the same time. Forty-seven of Alaska's 50 fastest-growing occupations are in the healthcare sector, and the AHCWC is leading and supporting that job growth. Health care workforce development is essential to maintain the state's overall economic health during this period of low oil prices and associated impacts.

Trust Training Cooperative

The Alaska Mental Health Trust Authority (The Trust) provides sole funding for the Trust Training Cooperative (TTC) housed at the University of Alaska Center for Human Development. The TTC is a strategy of the Trust Workforce Development Initiative focus area since FY 2008. The program has the directive to "promote career development opportunities for direct service workers and their supervisors engaged with Alaska Mental Health Trust Authority beneficiaries, by ensuring that technical assistance and training is accessible and coordinated." (Direct service workers are defined as individuals whose job requires a bachelor's degree or less and who work at least 75 percent directly with consumers.)

The TTC has three programmatic goals:

1. Leading and partnering with training entities
2. Brokering and facilitating non-academic training based on identified training gaps and provider need
3. Utilizing tools that assist with training delivery

Trust Training Cooperative staff provides technical assistance in the delivery of provider training by agencies, organizations, businesses, and associations to a broader audience via distance delivery (audio and video conferencing, web-based training), sharing of training materials, and coordination of shared training. In addition, technical assistance services include help with identifying resources, existing training, and possible solutions to address identified training needs.

Appendix H. Continuum of Care Definitions of Programs and Services

Community-Based Services	Home-Based Services	Intensive Home and Community-Based Services	Services in a Residential Care Setting	Most Intensive Institutional Services
<ul style="list-style-type: none"> * Congregate Meals * Public Transportation * Information/Referral/Personal Advocacy * Physical Fitness * Health Promotion Activities * Senior Employment Services (MASST) * Independent Living * ADRCs and Options Counseling * Senior Centers * RSVP/Foster Grandparent Volunteers * Legal Services 	<ul style="list-style-type: none"> * Home Delivered Meals * Assisted Transportation * Shopping Assistance * Home Repair * Senior Companion Volunteers * Homemaker/Chore 	<ul style="list-style-type: none"> * Adult Day Services * Counseling * Family Caregiver Support * In-Home Respite Care * Home Health Care * Hospice Care * Personal Care 	<ul style="list-style-type: none"> * Assisted Living Homes * Pioneers' Homes 	<ul style="list-style-type: none"> * Acute Care (aka Hospital) * Nursing Home Care (aka Skilled Nursing Facility) * Residential Hospice Care
Long Term Care Ombudsman: Advocacy for Residents of Long Term Care Facilities				
Care Coordination (Case Management): Personal Assessment/Plan of Care/Follow-Up				
Adult Protective Services: Investigation and Services to Abuse/Neglect Victims				

Community-Based Services

Congregate Meals: Congregate meal programs provide at least one hot or other appropriate meal per day to qualified individuals in a group setting. Congregate nutrition programs may also provide nutrition education and, based on a Nutrition Risk Assessment, referral to a dietitian for counseling (if available).

Transportation: Transportation includes assisted and unassisted rides provided by bus, van, taxi, boat or any other vehicle for a maximum of five days a week. All vehicles must comply with Department of Transportation vehicle safety standards. Rides are scheduled according to the following priorities: 1) Medical services, 2) Congregate meal site, 3) Adult Day Care, 4) Employer/Volunteer site, and 5) Other.

Information and Referral: Information, assistance, and referral services provide information about services available to seniors (health care, social, legal, financial, counseling, and other home- and community-based services) for continued independent living or for locating appropriate long- term care, and include follow-up to the maximum extent possible.

Physical Fitness: Programs include a wide range of senior-appropriate exercises to promote cardiovascular health, strength, balance, flexibility, endurance, and overall physical well-being.

Health Promotion/Disease Prevention Classes & Activities: Activities include routine health screening, nutritional counseling and education services, health promotion programs, physical fitness, group exercise, music, art, and dance-therapy programs, home injury control services, fall prevention awareness and balance training, mental health screenings, preventive health services, medication management screening and education, diagnosis, prevention, treatment and rehabilitation information.

Senior Employment Services: See Mature Alaskans Seeking Skills Training (MASST) program description above.

Senior Independent Housing: Independent senior housing offers age restricted apartments for seniors and adults with disabilities. Facilities may have common space for group activities, but usually other services are not provided. For more information please see the Alaska Housing Finance Corporation website at: http://www.ahfc.state.ak.us/home/senior_guide.cfm

Senior Centers: Senior Centers are social institutions that address the needs of older individuals, their families, and their caregivers as a vital and inclusive part of the community. They provide a variety of services including nutrition, recreation, social and educational services, and comprehensive information and referral to help seniors help themselves through assistance in finding appropriate services and care.

Senior Volunteer Programs: Volunteer opportunities benefit seniors by keeping them active and involved, and adding to seniors' self-esteem and social value as well as providing benefits to the communities they serve. Examples of volunteer programs include Retired Senior Volunteers (RSVP), Senior Companions (SCP), Foster Grandparent/Elder Mentor Program (FG/EM), and other local volunteer opportunities.

Legal Services: The legal services program for seniors provides legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Activities include legal advice, representation, and investigation related to resolution of civil legal matters and protection of civil rights; assistance with administrative hearings and small claims court preparation; and community legal education presentations. For further information please see Alaska Law Help at <http://www.alaskalawhelp.org/AK/index.cfm> or Alaska Legal Services at:

Health Screening: Activities include routine, non-invasive screening for conditions such as hypertension, high cholesterol, diabetes, iron deficiency, under- or overweight, and other common medical or physical conditions, generally performed by a nurse or other health care professional or paraprofessional.

Social, Recreational & Educational Activities: Activities, often provided through senior centers, range widely to include classes, games, arts and crafts, dances, study groups, exercise programs, travel opportunities, and many other one-time or ongoing gatherings which encourage social interaction, exchange of ideas, and/or physical activity.

Home-Based Services

Home Delivered Meals: Home-delivered meals are an in-home nutrition service that provides for at least one hot, cold, frozen, dried, canned, or supplemental-food meal with the number of meals per week determined by local service providers in their grant proposals. Recipients of home delivered meals must have documented need for the service based on eligibility criteria (inability to perform ADLs and IADLs). Provider agencies "target" those with the greatest need. Home delivery includes social contact and informal checks on the senior's well-being.

Assisted Transportation: This service provides help with vehicular transportation, through an escort, to a senior with physical or cognitive difficulty.

Shopping Assistance: Volunteers provide shopping assistance to homebound senior citizens. Shopping assistants have a flexible schedule coordinated directly between volunteer and senior. Some of the seniors are able to shop for themselves; however, they may need assistance with transportation to the store and/or assistance carrying packages into their home. Other seniors are not able to shop due to physical limitations. In this case, the senior would prepare a shopping list for the assistant.

Congregate Housing: Congregate Housing is similar to independent living except that it may provide some supportive services like information and referral, meals, housekeeping, and transportation in addition to rental housing.

Supported Housing: Supported housing is available to individuals who, for health, safety, or other reasons, choose not to remain in their own homes. In the past, leaving one's home for these reasons usually meant living with a relative or going into a nursing home. Today, people have a variety of other arrangements to choose from, including this option, in which a range of supportive services targeted to the individual's need are provided on-site in a congregate housing living arrangement.

Home Repair & Renovation: Provides adaptation and/or renovation to the living environment intended to increase ease of use, safety, security, and independence. Modifications that would make a home more accessible include widening doorways, adding wheelchair ramps, and adding hand rails in bathrooms. For more information please see the Alaska Housing Finance Corporation website at: http://new.ahfc.state.ak.us/Grants/accessibility_modification.cfm

Senior Companion Volunteers: Senior volunteers are matched with frail seniors who need assistance with everyday tasks such as shopping, reading mail, and running errands, or perhaps just someone to talk to or to keep them company on a regular basis. The social contact as well as the assistance with needed household tasks helps the individual maintain the ability to live on his or her own.

Homemaker/Chore Service: Homemaker service can include meal preparation, shopping, light housekeeping, assisting with paperwork for financial, health care, insurance or other issues, making telephone calls on the senior's behalf, or assisting with using the telephone, escorting and assisting the senior to medical appointments, shopping, and other errands (does not include general transportation). Chore services assist the client in keeping a safe and clean environment to enable them to live independently in their own home. Chore helps individuals who are unable to perform one or more instrumental activities of daily living (IADLs): meal preparation, shopping, managing money, housework, yard work, or sidewalk maintenance.

Companion Services: Include cueing and support to individuals with mild to moderate dementia living at home. Such services include assistance with activities of daily living including meal preparation, dressing, grooming, and other daily tasks.

Tele-health: Tele-health is the delivery of health-related services and information via telecommunications technologies. Tele-health is an expansion of telemedicine, but unlike telemedicine (which more narrowly focuses on the curative aspect) it encompasses preventive, promotive and curative aspects. Tele-health stresses a myriad of technology solutions, from physicians using email to

communicate with patients to remote monitoring of a patient's health status to a teleconference session with a behavioral health professional located 500 miles away.

Intensive Home & Community-Based

Adult Day Services: Adult day services provide supervised care in an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence and promoting social, physical and emotional well-being. A variety of program activities is offered, designed to meet individual needs and interests. These services help seniors remain in their communities and offer respite for family caregivers on a planned or scheduled basis.

In-Home Respite Care: Respite care service provides temporary relief to non-paid caregivers and family members who are caring for seniors. Services are provided in the client's home.

Home Health Care: Skilled health-related services are provided by a nurse or certified nursing assistant on an intermittent or short-term basis at home under the home health program. Individuals must be determined "home-bound" to qualify for home health services.

Personal Care: A personal care assistant (also known as a PCA) performs tasks of a non-technical medical nature which help individuals remain safely at home. Personal care includes assistance with personal hygiene, going to the bathroom, incontinence care, medication reminders, taking vital signs, and care of bed-bound and chair-bound clients (skin care, turning, positioning). To qualify for PCA services, individuals must require extensive assistance with two or more ADLs (activities of daily living). For Further information please see the State of Alaska Division of Senior and Disabilities Services at: <http://www.hss.state.ak.us/DSDS/pca/default.htm>

Palliative & Hospice Care: Hospice care is a coordinated program of palliative care for individuals with a terminal illness. There is focus on symptom management rather than recovery. Programs include nursing care and support, pain management, and training for family and friends. More information is available at the following national website: <http://www.hospicenet.org/>

Family Caregiver Support: The National Family Caregiver Support Program offers support services to non-paid family caregivers of older adults (age 60 years and older) and grandparents and relative caregivers, 55 years and older, of children not more than 18 years of age (including grandparents who are sole caregivers of children and those individuals who are affected by mental retardation or who have developmental disabilities). Services include information, assistance, caregiver counseling, caregiver support groups, caregiver training, respite care, and supplemental services. A family caregiver is defined as an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Outpatient Care: Patient follow-up care is delivered to a senior outside of a medical facility, generally in a doctor's or other medical provider's office.

Rehabilitation: Services (such as physical therapy, occupational therapy, and other approaches) designed to promote recovery from an injury, operation, other physical trauma, or addiction and a return to normal functioning are provided, usually at a rehabilitation facility.

Counseling: Provides appropriate behavioral health intervention to older adults who experience depression, anxiety, substance abuse and other behavioral conditions in senior-friendly settings.

Services in a Residential Care Setting

Assisted Living: Assisted living homes provide 24-hour care for individuals who are not able to live in their own homes. This service provides assistance with activities of daily living and supervision of individuals who require it. Often transportation to outside activities is included by the home. Pioneers' Homes are a unique type of assisted living home that allow residents to age in place and also specialize in caring for individuals who experience dementia. A list of licensed assisted living homes is available at the State of Alaska Division of Public Health website at: <http://www.hss.state.ak.us/dph/CL/default.htm>

Facility Respite Care: Respite care service provides temporary relief to non-paid caregivers and family members who are caring for seniors. Facility respite services can be provided in an adult day center or a licensed assisted living facility.

Pioneer's Home: Assisted living homes administered by the State of Alaska that provide 24-hour care for individuals who are not able to live in their own homes. This service provides assistance with activities of daily living and supervision of individuals who require it. Pioneers' Homes are a unique type of assisted living home that specializes in caring for individuals who experience dementia. A list of licensed assisted living homes is available at the State of Alaska Division of Public Health website at: <http://www.hss.state.ak.us/dph/CL/default.htm> The Pioneers' Home information including waitlist registry information is available at: <http://www.hss.state.ak.us/dalp/>

Adult Foster Care: This service provides care in a safe home setting for vulnerable adults who may have experienced abuse, neglect, self-neglect or exploitation.

Continuing Care Retirement Community (CCRC): A type of living arrangement in which a senior may smoothly transition from independent living to supported living to assisted living and skilled nursing care within the same home or complex as his or her needs change. CCRCs provide a model for the way many seniors would like to age – with an assurance that they will be able to stay in their homes and obtain the services they need, rather than facing the disruption of a physical move at a time when their health may be declining.

Most Intensive Institutional Services

Acute Care: Generally provided in a hospital or other skilled nursing facility, acute care provides needed medical support for an individual suffering from a life-threatening health crisis.

Nursing Home Care: Nursing homes provide a cost-effective way to enable patients with injuries, chronic diseases, some acute illnesses or postoperative care needs to recover or remain medically stable in an environment outside a hospital. They are staffed by medical professionals on a 24-hour basis and offer rehabilitative services as well as social and recreational opportunities for long-term residents.

Residential Hospice Care: Hospice care is a coordinated program of palliative care for individuals with a terminal illness. There is focus on symptom management rather than recovery. Programs include nursing care and support, pain management, and training for family and friends. Rather than a home-based hospice program, residential hospice provides a facility in which palliative care takes place.

Psychiatric Hospital: Alaska Psychiatric Institute, Alaska's only psychiatric hospital, provides assessment, diagnostic, and therapeutic services to support individuals whose ability to function is severely limited by mental health problems.

NOTE: Medicaid Waivers are a type of payment arrangement rather than a specific service. Waiver programs allow people who would otherwise need an institutional level of care to live in their home or community and receive the array of services they need. These "waivers" are approved by the federal government and allow Alaska Medicaid to provide expanded services to people who meet the eligibility criteria for the specific waiver (as well as Medicaid income guidelines). For further information please see the State of Alaska Division of Senior and Disabilities Services at:
<http://www.hss.state.ak.us/DSDS/hcbcwaivers.htm>

Guardianship is a legal arrangement where a person or institution is appointed as a guardian to make decisions for an incapacitated person - decisions about housing, medical care, legal issues, and services. For more information please see the Alaska Court System Family Law Self-Help Center at:
<http://www.state.ak.us/courts/guardianship.htm>

FY 2018 Grant Funding by Component and Program and Number of Alaskans Served

Program Name	Senior Community Based Grants	Number of Alaskans Served
Adult Day	\$ 1,721,489	370
Aging and Disability Resource Centers	\$ 885,000	10,764
ADRD Education and Support	\$ 346,036	n/a
Family Caregiver (III E)	\$ 1,016,246	1,251
Nutrition Services Incentive Program	\$ 487,540	n/a
Nutrition, Transportation and Support Services for Seniors (III B, C1, C2)	\$ 6,625,729	11,627
Senior In-Home	\$ 2,865,368	1,456
Nursing Facility Transition	\$ 60,000	25
Health Promotion and Disease Prevention (III D)	\$ 143,661	476
Senior Residential Services	\$ 591,000	31
Total Senior	\$ 14,742,069	25,982*

Appendix I. Summary of Older Americans Act (OAA)

Older Americans Act (OAA) Programs at a Glance

Title I: Declaration of Objectives and Definitions

Title II: Administration on Aging

Title III: Grants for State and Community Programs Part A: General Provisions**

Part B: Supportive Services and Senior Centers Part C: Congregate and Home-Delivered Meals** Part D: Disease Prevention and Health Promotion** Part E: National Family Caregiver Support Program****

Title IV: Training, Research, and Discretionary Projects & Programs

Title V: Community Service Employment for Older Americans**

Title VI: Grants for Native Americans**

Title VII: Allotments for Vulnerable Elder Rights Protection Activities**

**** indicates programs for which Alaska receives OAA funding**

The Older Americans Act (OAA) was signed into law by President Lyndon Johnson in 1965. It was considered a direct outgrowth of the 1961 White House Conference on Aging. Created during a time of rising societal concern for the poor and disadvantaged, the OAA set forth a broad set of objectives that continue to be relevant today. Objectives of the OAA include ensuring that the elderly have an adequate retirement income, the best possible physical and mental health, suitable housing at an affordable cost, a comprehensive array of community-based long-term care services (including family support), employment opportunities, efficient community services with emphasis on choice and continuity of care, benefits from research knowledge, participation in meaningful activities, and protection against abuse and neglect. Nearly half a century later, the OAA's vision of Americans aging with honor, dignity, freedom, and independence still inspires nearly universal allegiance by the public; the Act has been reauthorized numerous times since its inception.

The Older Americans Act continues to provide the framework for a partnership among the different levels of government and the public and private sectors with a common objective – to improve the quality of life for all older Americans by helping them to remain independent and productive. The activities, which are mandated and funded under the OAA, carry no income eligibility requirements, unlike numerous other federal assistance programs. All seniors age 60 and over are eligible. Service providers must follow priorities set by the Area Agency on Aging (or sole state agency on aging, in the case of single planning and service area states such as Alaska) for serving older persons with the greatest economic or social need, with particular attention to low-income minority older persons and older individuals residing in rural areas, individuals with disabilities, those whose primary language is not English, and Native Americans. Each client is provided the opportunity to contribute to the cost of the service; however, denial of service for non-contribution is prohibited.

The Older Americans Act established the federal Administration on Aging (AoA), now within the Department of Health and Human Services, Administration on Community Living (ACL). Since 1993, the Alaska State Plan for Senior Services 2020-2023 Appendices Public Review Draft May 15, 2019

ACL/AoA has been headed by an Assistant Secretary on Aging, appointed by the president with the advice and consent of the Senate. Kathy Greenlee is the current Assistant Secretary on Aging. The ACL/AoA is charged with acting as an effective and visible advocate for older individuals, collecting and disseminating information related to problems of aging, administering grants, evaluating programs, providing technical assistance and consultation to states, and stimulating more effective use of existing resources.

The overall purpose of the Older Americans Act was to establish an aging network, provide for the funding of local service programs, establish training and research projects, and stimulate the development of innovative and/or improved services for the elderly. Congress has continued to appropriate funds and update the law with periodic amendments under this Act for research and demonstration projects and for the operation of the Administration on Aging.

Amendments in 1969 emphasized planning and resource mobilization. A set of amendments in 1973 required states to set up planning and service areas, and authorized grants for model projects, multipurpose gerontology centers, senior centers, and the new Nutrition Program for the Elderly. The Comprehensive Older Americans Act Amendments of 1978 reorganized the Act, authorized separate funding for specific services, including a strong advocacy responsibility, and provided for more focused work on long-term care for older Americans. In the 1978 amendments Congress recognized the special sovereign status of Tribal governments and created Title VI, Grants for Indian Tribal Organizations. The purpose of Title VI was to promote the delivery of supportive and nutrition services to American Indians and Alaska Natives that are comparable to services offered to other older persons under the Title III program. The Older Americans Act Amendments of 2000 established an important new program, the National Family Caregiver Support Program (NFCSP), after listening to the needs expressed by family caregivers in discussions held across the country. Increases in funding accompanied many of the amendments and reauthorizations of the OAA. The Older Americans Act was again reauthorized in 2006, with added emphasis on disease prevention and health promotion, senior behavioral health services, and emergency preparedness, among other changes.

Beginning in 2011, Congress has been considering reauthorization and amendment of the Older Americans Act. A number of potential changes are under consideration, including a focus on creating livable communities for all ages, an expanded role in affordable housing with supportive services, enhanced coordination between Title V (Community Service Employment for Older Americans) and the Workforce Investment Act, greater authority to protect older adults' legal rights, transfer of SHIP (the State Health Insurance Assistance Program) to the Administration on Aging from CMS (Centers for Medicare and Medicaid Services), capacity-building for Title VI programs, and increased coordination with emergency management agencies to better serve the needs of older adults during disasters. Typically the OAA receives broad bi-partisan support.

The ACL/AoA distributes funds to states under a formula based largely on the number of people aged 60 and older in each state. In order for a state to receive these funds, its governor must designate an agency as the state unit on aging and the state must develop a multi-year plan for services. In Alaska, the Department of Health and Social Services is that agency, with state plan development delegated to the Alaska Commission on Aging. Like its federal counterpart, the state agency serves as an advocate for the elderly. While all seniors are eligible for services, preference must be given to providing services to older individuals with the greatest economic and social need, with particular attention to low-income, minority individuals, those in frail health, and older people residing in rural areas. While most states are

divided into a number of “planning and service areas,” each served by an “Area Agency on Aging” (AAA), in Alaska the entire state is considered a single planning and service area, with the state unit on aging responsible for assessing the needs of all older persons within the state. The AAA (or sole state agency on aging) must have an advisory council of older persons. In Alaska, the Alaska Commission on Aging (ACoA) is an eleven-member commission appointed by the governor, with a small staff to carry out the Commission’s directives on planning, education and public awareness, and advocacy. The current state plan for services is available for review on the ACoA’s website at www.AlaskaAging.org.

For more than 30 years, Area Agencies on Aging (AAAs) and Title VI Native American aging programs, which serve as the local component of the Aging Network, have leveraged federal dollars with other federal, state, local and private funds to meet the needs and provide a better quality of life for millions of older adults.

Statewide programs and services for Alaskan seniors have existed since the advent of the Older Americans Act in the mid-1960s. The Alaska Commission on Aging works closely with the Division of Senior and Disabilities Services within the Department of Health and Social Services to develop a service plan and innovative projects through the Division’s Senior Grant Programs. Services are funded by the U.S. Administration on Aging, State general funds, the Alaska Mental Health Trust Authority, local government, community fundraising, and individual contributions.

Title III of the Older Americans Act outlines the types of supportive services funded by the Act, services which have remained fairly constant for nearly a decade. Title III services, provided through the Senior Community Based Grants program administered by the Division of Senior and Disabilities Services, are organized as follows:

- Part A provides guidelines and funding for State and Area Agencies on Aging.
- Part B provides for supportive services to seniors and for the operation of senior centers
- Part C provides for congregate and home delivered nutrition services
- Part D provides disease prevention and health promotion services
- Part E funds the National Caregiver Support Program

Senior transportation services (funded under Title III, Part B) allow older Alaskans to access medical appointments, senior center or adult day care participation, shopping, errands and other engagements through a door-to-door service equipped to handle special needs. Nutrition programs (funded under Title III, Part C) offer meals both in congregate settings and for homebound individuals. The nutrition program is more than a meal. It provides nutrition education, counseling, and screening, and is often the gateway to many other services. The Older Americans Act Nutrition Program (OAANP) is the largest single component of the OAA. In Alaska funds for senior transportation, meals, and other Title III support services are provided under the Nutrition, Transportation, and Support Service Program, widely known as “NTS.”

Each state’s unit on aging provides disease prevention and health promotion services (funded under Title III, Part D) and information and referral services at senior centers, meal sites, and other appropriate locations. Health promotion is the process of enabling people to increase control over and to improve their health. Disease prevention covers measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established. States give priority to areas which

are medically underserved and in which there are a large number of older individuals who have the greatest economic need for such services.

The National Family Caregiver Support Program (NFCSP), established by the OAA amendments of 2000 (Title III, Part E), was modeled after several successful state long-term care programs. States provide five basic services for family caregivers: information about available services; assistance in gaining access to supportive services; individual counseling, help in organizing support groups, and caregiver training to assist in making decisions and solving problems related their caregiving roles; respite care; and supplemental services, on a limited basis, to complement the care provided by caregivers. Funds for this program are distributed to the states using a congressionally mandated formula that is based on a proportionate share of the age 70+ population. Priority consideration is to be given to those in greatest social and economic need, and older individuals providing care and support to persons with mental retardation and developmental disabilities.

Title V of the Older Americans Act provides for programs that foster and promote useful part-time work opportunities in community service activities and offer skills training for unemployed low- income persons who are fifty-five years old or older and who have poor employment prospects. In Alaska, Title V funds the MASST (Mature Alaskans Seeking Skills Training) program administered by the Alaska Department of Labor and Workforce Development.

Title VI of the Older Americans Act provides grants directly through tribal organizations in Alaska for services to Native Americans. These grants provide supportive and nutrition services comparable to the services provided elsewhere within the statewide planning and service area through the state unit on aging under Title III of the OAA.

Title VII of the OAA was created by Congress in the 1992 Amendments to the OAA to protect and enhance the basic rights and benefits of vulnerable older people. Individuals may need advocacy on their behalf because their physical or mental disabilities, social isolation, limited educational attainment or limited financial resources prevent them from being able to protect or advocate for themselves. Title VII brings together and strengthens three advocacy programs – the Long-Term Care Ombudsman program, programs for the prevention of abuse and exploitation, and state legal assistance development programs in each state. It also calls on the state units on aging to take a holistic approach to elder rights advocacy. Alaska provides a Long-Term Care Ombudsman in the Department of Revenue (within the Alaska Mental Health Trust Authority) and Adult Protective Services in the Department of Health and Social Services' Division of Senior and Disabilities Services (DSDS). DSDS also administers the legal assistance development program.

Appendix J. Acronyms and Definitions

ABPCA – Agency-Based Personal Care Assistance	HCBS – Home and Community Based Services
ACL – U.S. Administration on Community Living	HPDP – Health Promotion, Disease Prevention
ACoA – Alaska Commission on Aging	IMPACT – Improving Mood, Promoting Access to Collaborative Treatment
ADRCs – Aging & Disability Resource Centers	
ADRD – Alzheimer’s Disease and Related Disorders	
ADS – Adult Day Services	LTCO – Long-Term Care Ombudsman
AK DOLWD – Alaska Department of Labor & Workforce Development	MASST - Mature Alaskans Seeking Skills Training
AMHTA – Alaska Mental Health Trust Authority	MIPPA – Medicare Improvements for Patients and Providers Act
ANTHC – Alaska Native Tribal Health Consortium	MMA – Medicare Modernization Act
AoA – U.S. Administration on Aging	NTS – Nutrition, Transportation, and Support
APS – Adult Protective Services	OAA – Older Americans Act
BRFSS – Behavioral Risk Factor Surveillance System	OLTCO – Office of the Long-Term Care Ombudsman
CDPCA – Consumer-Directed Personal Care Assistance	PCA – Personal care attendant
CMS – Centers for Medicare & Medicaid Services	RSVP – Retired & Senior Volunteer Program
COL – Cost of living	SBIRT – Screening, Brief Intervention, Referral, Treatment
COOP – Continuity of Operations Planning	SCOK – Senior Citizens of Kodiak, Inc.
DBH – Division of Behavioral Health	SCSEP – Senior Community Service Employment Program
DHSS - Department of Health & Social Services	SESS – Southeast Senior Services
DPH – Division of Public Health	SHIP – State Health Insurance Assistance Program
DSDS – Division of Senior & Disabilities Services	SMP – Senior Medicare Project
ESD – Employment Security Division	SOAR – Senior Outreach, Assessment, and Referral

Appendix K. Public Comments

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